STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH should Registration Dist. No. Jo (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence Incity or fown where death occurred mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_vrs.\_\_\_\_ statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) assified. (Day) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) certificate 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at. I day .....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 16 or .... min. Date of enset 8. Trade, profession, or particules NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... OCCUPAT may back Industry or business In which work was done, as SILK MILL, should SAW MILL, BANK, etc .... 10. Dato deceased last worked et 11. Total time (years) this occupation (month and spent in this that occupation\_ instructions 12. BIRTHPLACE (city or town) (State or country) HER FAT See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully What test confirmed diagnosis?. MOTHER important, 15. MAIDEN NAME ın 23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? .... be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE SE Date 17 17 20 1933 Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 2 (Signed). Registrar. Contoal

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

ARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DEC. 6.1039				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TON is very important.

FOR BINDING

ARGIN RESERVED

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11433
County Washington	Registration Dist. No. 302
Village or City Hagers town RFD 2	No. Western Pine St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Edieth V Beckl	ey
(a) Residence: No. Hageistown RFD 2	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Loott W Beekley	22. I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Aug. 4.1879	I last saw har aliva on how 20 ,1923; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 31.40 Pm.
54 3 /7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Tronic Brone Carty Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occupation (marth and).	
0 10. Dato deceased last worked at this occupation (menth and 1933 spent in this occupation 15 grant	
12. BIRTHPLACE (city or town) Washing ton County (State or country)	Other Coutributory Causes of importance:
13. NAME Silag Ringer 14. BIRTHPLACE (city or town) Washington County (State or county)	
4 14. BIRTHPLACE (city or town) Washing Concount	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Johnston	23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Mary Johnston 16. BIRTHPLACE (city or town) Washington County (Stata or country)	Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?
17. INFORMANT My. W. S. Beekley (Address) Huzustorum R. F. D. 2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sulem Church Modate Nov 23, 1933	Manner of injury
19. UNDERTAKER Scott 7: Minnich + Son	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED //-24-1936/Macff Boxes	(Signed) Decree a Continue M.D.
To move blanks are morded add as Scale B.	M. Ol. J. C D. L.

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BULKAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(122-0)
tem of should of OCC	County Washington	Registration Dist. No. 30 2
5 5	Village or City Kagerstown	No. Wash Coltospital. St. 3 Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsds.
RD. Every YSICIANS statement	2. FULL NAME ISTAYY VIYAINIA	Jeckley
RD. YSI	(a) Residence: No. 1803 Vira · Nia H Ve	-9t., Ward.  If nonresident give city or town and State
RECORD, Every . PHYSICIANS Exact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECC PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
h .	Temale While married the word)	hov. 2a 1933,
NG TEN	5a. If married, widowed or divorced	(Month) (Oay) (Year)
BINDING PERMANENT EXACTLY ly classified.	HUSBAND of S. FI Shby-	22. 1 HEREBY CERTIFY, That I attended deceased from
S K K K	0 +121 -011=	1100 7 ,1933, to 200 26 ,1935
FOR BI IS A PEI stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 0 0 5  7. AGE Years Months Days If LESS than	1 alve off is said
FOR IS A P stated properl	1 day,hrs.	to have occurred on the date stated above, at
FC IS sta pro	8 Trade profession or particular	were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, HOUSewixe SAWYER, BOOKKEEPER, etc.	Transmitted forma coll 1/3
RVE K—TI nould may back	9. Industry or business in which	Carlina Dilitation 11/2013
SERV VK—T should it may	work was done, as SILK MILL, SAW MILL, BANK, etc	
S I M to	- I shall the sh	
RES NG I AGE that	year) 11 17 4 1 9 9 0 occupation 0 9 75 -	Other Coutributory Causes of importance:
ADING ADING d. AG s, so thi	12. BIRTHPLACE (city or town) \ \Q \alpha \ \Y \ \Sp\ \gamma \ \M \ \A	
in in its		
LAR UNN uppl terr	E	
- ami 7/0	[ 14. BIRTHPLACE (city or town) - State or country) Sex many	Name of operation
		What test confirmed diagnosis? Was there an au'opsy?
D 4	Ξ	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	16. BIRTHPLACE (city or town) LOVS DY: NG. (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
E PLAINLY, should be car OF DEATH	T John Bedeley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
F D	(Address) La Or Stown. That	Specify whether injury occurred in industria, in nome, or in robello PEAGE,
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
On SE	Place Magerstown Wo Date 101, 1933.	Nature of injury
WRITE mation sl CAUSE TION is	19. UNDERTAKER FI. M. COYY Way	24. Was disease or injury in any way related to occupation of deceased?
o l	(Address) Hagerstown. Md	If so, specify
S. No.	20. FILEO 11-27-1336 Kastt Boock	(Signed) A. S. Porterfield M. D.
> 2	Registrar,	(Address) 136 W Washingtonkl.
D. Torkery	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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DEC 6 1983 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Ļ	te .	STATE OF MARYLAND	-CERTIFICATE OF DEATH
Mi	state JPA.	1. PLACE OF DEATH	Real Property of the Property
E M	_	county Washing You	Registration Dist. No. 3 03
item	-	Village or City Spicklers	No. St. Ward
	-0	16	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Every	SICIANS	Length of residence In city or town where death occurredyrs	mosds How long in U. S. if of foreign blrth?yrsmosds.
	CI	2. FULL NAME Sarah Charlor	10 1040r
RECORD.	YSICIANS	(a) Residence: No. Sy: clylexs.  (Usual place of abode)	St, Ward.  If nonresident give city or town and State
93	PHY act st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE	Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	21. DATE OF DEATH
H	7.	Temule Vyh. Ye Vidow	193
S S	T J	5a. If married, widowed, or divorced	(Month) ( (Oay) (Yeer)
BINDIN	A C T l assified	HUSBAND of (or) WIFE of George VV.	22. HERBBY CERTIFY, That I ettended increased from
BINI	X 5	71 12119	19.5 d. to 200 29 19 5
B	stated E properly certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I lest saw har alive on Low 6 36 P., 19 , death is said
FOR IS A	stated F properly ertificate	7. AGE Years Months Days If LESS than	The state of the s
	sta pro pro	8. Trade, p:ofession, or particular	were as follows:
ED	be of	of trade, profession, or particular kind of work done, as SPINNER, Tubello SAWYER, BOOKKEEPER, etc.	Crobine Harrist 2- 40
VE		Industry or business in which	the state of the s
S.R.	should it may n back	8. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESERVED G INK—THIS	ET + 0	and and heart of the state of t	
RE G	oplied. AGE erms, so that instructions	year) 10 y 2 occupation 40 4 K	Other Coutributory Causes of importance:
ADIN	so	12. BIRTHPLACE (city or town) CANY DIRECT	
RGIN	ied. ns, stru	(State or country)	
AR	supplied n terms, ee instru	13. NAME James VV: sharel  14. BIRTHPLACE (city or town) Way ness bura	
		14. BIRTHPLACE (city or town) Way ness home (State or country)	Name of operation Oate of
É	7 6	(State of country)	What test confirmed diagnosis?
1	in ant	15. MAIOEN NAMES axaaret Danderau  16. BIRTHPLACE (city or town name)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
CX,	ld be car DEATH y import	16. BIRTHPLACE (city or town) Mour Devi burg	Accident, suicide, or homicide?
PLAINLY	be EA' imp	Marie County)	Where did Injury occur? (Specify city or town, county and State)
	PAN	17. INFORMANTU 1 45 005 SM4 dev	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
	OF ver	18. BURIAL, PREMATION OR REMOVAL MA	Manner of injury
E	_ 四 .=	Place It Youls Clue Date WC. 2 193	3 Nature of injury
WRITE	mation s CAUSE TION is	DK Callen	
-	ECE	19. UNDERTAKER (Address)	24. Was disease or injury In any way related to occupation of deceased?
S. No.	A	10 040 00 1000 110	(Signed) SMY Much Mon
> 7	(1)	20. FILED CLAR 1993 Karay M South	(Address) Clear Mering Wed.
13 (P	100	If more blanks are needed, address State Registr	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.
VVU	11111		

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AN 6 PS				
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Gallstones	May 1,1923	Gastroenteritis	1 year	



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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	COSP	93-0.	DEATH	1442
County Washington	BATR LIMIT	8 01	Registration Dist. No. 30	22
Village or City 3.1 Dunning  Length of residence In city or town where death occurred.	8 yrs	No.  death occurred in a horpital or institution  ds. How long in U.S. if of the	St.,	
2. FULL NAME Me Coliadie	Eward !	Baward		
(a) Residence: Not Summer (Usual p	lace of abode)	St., Ward.	If nonresident give city or town a	
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CE	RTIFICATE OF DEATH	
The white OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of MALL Saroch. Box	3-1868	nov 11 ,1	CERTIFY. That I attended 1933, to Nov 19	ed deceased from 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays	If LESS than 1 day,hrs.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:	above, at 5 2 m.	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Park RookKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oato deceased last worked at this occupation (month and	I Broken	aleoholi	sm, asite	Uate of onset
10. Oato deceased last worked at this occupation (month and year)	tal time (years) spent in this occupation	Chronic orryocards	OH an	
(State or country) Walle Co	red .	Broucho	freemon.	s tenday
14. BIRTHPLACE (city or town) 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14	est.	Name of operation	Oate of	
E 15. MAIOEN NAME Martha 12	aut/or		es (VIOLENCE) fill in also the follow	
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	alle und		(Specify city or town, county and S	, 19
17. INFORMANT MA Sociale. Bou	al .	Specify whether injury occurred in	INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Settline Country Date	20 /7- 1933	Manner of Injury		
19. UNDERTAKER HEAD THOO (Address) Sunthinguye	ner.	24. Was disease or injury In any way	y related to occupation of deceased?	
20. FILED //-/5: 1933/ Klanff	Registrar.	(Signed) (Address) (YO	quetum,)	ell M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	1	STATE C	OF MARYLAND	-CERTIFICATE OF DEAT	H 11443
· \	1. PLACE OF				11110
should of OCC	County	Mashing	iton.	Registration Dist	No. 302
= = /	Village or C	ity Hagers	town.	Now ash Co. Hospital	St., 3 Ward
.= .	Length of resi	dence in city or town where	death occurred 32 yrs	(If death occurred in a hospital or institution, give its NAME instruction)  Mosds. How long in U.S. if of foreign birth?	
Every CIANS ement	2. FULL NA	100000	F 12		J13
ED. E			1 7 M	ara	
CORD, Every PHYSICIAN ict statemen	(a) Residen	ce: No. YILSAK	(Usual place of abode)	St., Ward.  If nonresident give	city or town and State
RECO. PH Exact	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
RE.	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor		7 3
ENT TLY ed.	Male	INh. Ye	married.	(Month)	(Day) (Year)
RMANEN X A C T I classified	5a. If married, widow HUSBAND of	ed, or divorced		22. A LHEREBY CERTIFY.	71.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
MA A A assi	(or) WIFE of	Emma	15.	22. OCT 3/ 1933 to 2	
	6. DATE OF BIRTH	month, day, and year)	0.11-1869	I last saw h. Long alive on nov 76	19_3.3 ; death is said
d d d	7. AGE Yea		Days If LESS th		ri.
IS A PE stated E properly certificate.	(92	+ 14	0 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of wera as tollows:	,
	8. Trade, profes	sion, or particular			Data of oneat
HIS he be	SAWYER,	ork done, as SPINNER, BDOKKEEPER, etc.	Larmer	Carcinoma of Lines.	87313
K_T K_T hould may back	work wes	business in which done, as SILK MILL, L, BANK, etc		arterioschrain	Oct 313
it sh NK	O 10. Date decease	ed last worked at	11. Total time (years)	Chronic Interstitual My	Arily Oct 313
AGE I that	year) (C	pations manting 143	3. In Total time (years) spent in this out	<u>S.</u>	
NFADING pplied. AGE erms, so that instructions	12. BIRTHPLACE (cit	yortown) Hage	rstown	Dither Contributory Causes of importance:	
AD AD ed. s, s	(State or cour	itry)	ma	- Caraltic Illers.	1d73
UNFA Supplied n terms, ee instr	13. NAME	tenry 1	Soward.		
ITA UNF Illy supplicipation term plain term See inst	4.	(city or town) 150 4	erstown	Name of operation	Data of
Ily plai	(Stata of	(2)	md.	What test confirmed diagnosis?	Was there an au'opsy? 224
W we in ant	15. MAIDEN NAI	MESarah	L. Lombelte.	23. It daeth was due to external causes (VIOLENCE) fill in	also tha following:
car CH Oortz	16. BIRTHPLACE	(city or town)	exstown	Accidant, suicide, or homicide? Date	of injury, 19
AINLY d be ca DEATH	-   (State of	county)	TE 12	Whara did injury occur? (Specify city or town	, county and State)
PLA ould ould F DI	17. INFDRMANT _\_\()	Ma Emm	all lowar	Specify whether injury occurred in INDUSTRY, in HDME,	or in PUBLIC PLACE.
E PLA should OF D	18. BURIAL, CREMATION DR REMOVAL			Manner of injury	
rre on s SE	Place	Vauls Cen.	Date 117- (0, 19.	Nature of injury	
-WRITE PLAINLY, mation should be car CAUSE OF DEATH TION is very import	10 111100000000000000000000000000000000	JIK (OM).	40.00.1	24. Was disease or injury in any way related to occupation	of descends 224
TEOF	19. UNDERTAKER (Address)	Haule	rstown red	If so, specify	or dacaased!
m (T)	20 FHED //-	8 - 33 6	KarthBrues	6 (Signed) 6 From 2	n N M. D.
Z	ZU, FILED Z	, 1377.37	Registra	(Address) 13 & W. Wash	met sto.
Pal		If more	blanks are needed, address State Reg	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence in city or town where death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred in a hoppital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred in a hoppital or institution, give its NAME instead of street and number)  As How long in U. S. if of foreign birth? yrs. mos. dt  Length of residence in city or town where death occurred in a hoppital or institution, give its NAME instead of street and number)  As How long in U. S. if of foreign birth? yrs. mos. dt  Length of residence in city or town where death occurred in a hoppital or institution, give its NAME instead of street and number)  As How long in U. S. if of foreign birth? yrs. mos. dt  Length of residence in city or town where death occurred in a hoppital or institution, give its NAME instead of street and number)  As How long in U. S. if of foreign birth? yrs. mos. dt  Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  A. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		r e r	STATE OF MARYLAND—	CERTIFICATE OF DEATH	A A A
County YASh AGENTS OF BRITTING (County)  WINDS OF CITY, MAGENTAL ON MARKET STATE OF BRITTING (County)  AGENT		info sta UP.	1. PLACE OF DEATH	115-01	444
Willage or City, V. Q. Q. Y. S. A. Q. W. S			county Washington	Registration Dist. No. 30	2)
Length of residence in city or town where death occurred 3. yrs		shour f O	Village or City Magexskown.	No. 124 East Five, st.,	4 Ward
(a) Residence: No. Attack St. Ward.  (b) Residence: No. Attack St. Ward.  (c) Residen		0			number) osds
(a) Residence: No. Attack St. Ward.  (b) Residence: No. Attack St. Ward.  (c) Residen		IAN men	2. FULL NAME Maxion Barker Bro	num .	3
A SEX 4. COLOR OR RACE 5. SINKLE MARRIED, MIDOWED, DEVORCED (write the world)  TO DEVORCED (write the world)  So. If married, widowed, or divorced MIDSAND of (or) Wife of You k. W. Bushing of More 17, 1933 (very 1934)  So. If married, widowed, or divorced MIDSAND of (or) Wife of You k. W. Bushing of More 17, 1933 (death is sail to have occurred on the date stated above, at .1.1		D. I SIC tate			
A SEX 4. COLOR OR RACE 5. SINKLE MARRIED, MIDOWED, DEVORCED (write the world)  TO DEVORCED (write the world)  So. If married, widowed, or divorced MIDSAND of (or) Wife of You k. W. Bushing of More 17, 1933 (very 1934)  So. If married, widowed, or divorced MIDSAND of (or) Wife of You k. W. Bushing of More 17, 1933 (death is sail to have occurred on the date stated above, at .1.1		OR HY t si	(Usual place of abode)	If nonresident give city or town and	State
The state of the s	Ų	EEC P Xac			
So H I married, widowed, or divorced (cr) Wife of FV ank W. Braun 1 10 10 10 10 10 10 10 10 10 10 10 10 1		T K	GR DIVORCED (write the word)	Mar 27.	. 193 3
Date of BBRTH (month, day, and year) (b) 10-19   1   1   1   1   1   1   1   1   1	C	T L red.		(Month) (Day)	(Year)
Date of BBRTH (month, day, and year) (b) 10-19   1   1   1   1   1   1   1   1   1		A C ssif		1.	
7. AGE Vears Months Days If LESS than to have occurred on the data stated above, at	Z	) in			, 19.33
SHILD SAWYER, BOOKKEPER, etc.  9 Idoustry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10 Date of case of last worked at this occupation (month and 3 3 spant in this spant	M	PE d E			_; death is said
SHILD SAWYER, BOOKKEPER, etc.  9 Idoustry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10 Date of case of last worked at this occupation (month and 3 3 spant in this spant	OR	ate ope			,
Description of the contributory Causes of importants:    Section   Contributory Causes of importants:   Contributory Causes of importants:	F E	P.A	8 Trada protession or particular	septic sore throat	Nov3
Description of the contributory Causes of importants:    Section   Contributory Causes of importants:   Contributory Causes of importants:	되		SAWYER, BOOKKEEPER, etc. HOUSENS Le		
Description of the contributory Causes of importants:    Section   Contributory Causes of importants:   Contributory Causes of importants:	$\mathbb{R}^{V}$	oulc may bacl	work was done, as SILK MILL,	Maite Temorrhoge from	100 27
Description Squares of importants:    Description Squares   Square	SS 国	Sh sh	D. Date deceased last worked at this occupation (month and spant in this occupation (month and spant in this occupation)	word - (rotted) vesset	-
12. BIRTHPLACE (city or town). (State or country)  13. NAME Soeph D. Baker.  14. BIRTHPLACE (city or town). Ym. 18. Du.y. q. Name of operation.  What test confirmed diagnosis? Was there an au'oppy? 200.  What test confirmed diagnosis? Date of injury.  15. MAIDEN NAME Parl Devend State or country)  16. BIRTHPLACE (city or town). A q. e.y. s. town.  (State or country)  17. INFORMANT So. Date of injury.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place A Q. e.y. s. town.  (Address)  19. UNDERTAKER  (Address)  20. FILED 11-28-1333 B. MASH. Downers  Registrar.  (Address)  21. BIRTHPLACE (city or town). Date of what test confirmed diagnosis? Was there an au'oppy? 200.  What test confirmed diagnosis? Was there an au'oppy? 200.  22. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide? Date of injury.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury.  Nature of injury.  Nature of injury in any way related to occupation of deceased?  If so, specify  (Signed)  3. January occurred in industry in any way related to occupation of deceased?  (Address)  20. FILED 11-28-1333 B. MASH. Downers  (Address)  4. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)  (Address)	RE	IG VGE that	year) MM1 19 22 occupation D 4YS.	Dther Contributory Causes of importance:	-
Name of operation.  Date of	Z	DIN So so lettic			-
Name of operation.  Date of	3	FA lied ms, stru		multiple abscesses	
What test confirmed diagnosis? Was there an au'opsy? 200.  What lest confirmed diagnosis? Was there an au'opsy? 200.  What lest confirmed diagnosis? Was there an au'opsy? 200.  What lest confirmed diagnosis? Was there an au'opsy? 200.  What lest confirmed diagnosis? Was there an au'opsy? 200.  What lest confirmed diagnosis? Was there an au'opsy? 200.  What lest confirmed diagnosis? Was there an au'opsy? 200.  Was there an au'opsy? 200.  Accident, suicide, or homicide? Date of injury where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was there an au'opsy? 200.  Accident, suicide, or homicide? Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) A S. Afauth.  (Address) Hagalaston M.  (Address) Argalaston M.  (Address) Argalaston M.	AI	D = 4	I	Name of approximation	
23, if daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?  Date of injury  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATIDN, OR REMOVAL  Place AQQUISTO Win Mod Date Mor 30 , 1933  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED 11-28-, 1933 [Assift Jower be compared to accupation of deceased?  (Address)  Registrar.  (Address)  Accident, suicida, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATIDN, OR REMOVAL  Place AQQUISTO Win Mod Date Mor 30 , 1933  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  Accident, suicida, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  Accident, suicida, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Nature of injury  (Signed)  Accident, suicida, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Nature of injury  (Address)  Accident, suicida, or homicide?  Specify city or town, county and State)  (Address)  Accident, suicida, or homicide?  Specify city or town, county and State)  (Address)  Accident, suicida, or homicide?  Specify city or town, county and state and state and state and state and state and st		H .E 70	(State or country)		autoney? 240
Accident, suicide, or homicide?  Date of injury  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Place A Q CYS TOWN. Mod Date Mor 30, 1933  Manner of Injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER A September 19. UNDUSTRY in any way related to occupation of deceased?  If so, specify  (Signed)  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER A September 19. UNDERTAKER  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place A Q CYS TOWN. Mod Date Mor 30, 1933  If so, specify  (Signed)  Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER A September 19. Undertaker 1		WI full n pl	IS. MAIDEN NAME Yearl Reynolds-		
17. INFORMANT JOS Hager Stown. Md.  (Address) Hager Stown. Md.  18. BURIAL, CREMATION, OR REMOVAL  Place Address Date Move Date Mov 30 1933  19. UNDERTAKER A Caption of deceased?  (Address) Hager Stown. Md.  (Address) Hager Stown. Md.  (Signed) A Stown. Md.  (Address) Hager Stown. Md.  (Signed) Manner of Injury.  (Signed) A Stown. Md.  (Address) Hager Stown. Md.				Accident, suicida, or homicide? Date of injury	, 19
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18. BURIAL, CREMATION, OR REMOVAL  Place A QUISTO WIN Mod Date Mov 3 0 1933  19. UNDERTAKER A No Quisto William Company of Address of Company of Address of Company of Address of Company of Company of Address of Company o		LAI Ild DI	17. III DAMANI	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
Place A Q Q X S X 0 w n. Mo Date 116 Y 3 0 1933  Nature of injury  19. UNDERTAKER 7 Cox 2 may  (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  25. FILED 11-28-, 1933 6 kest H Bowers  Registrar.  (Address)  15. Stouffer  (Address)  (Address)  16. Address)  17. Cox 2 may  (Signed)  (Signed)  (Address)  (Address)		20 -		Manner of Injury	
(Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		SE SE	Place / Lagerstown Md Date Nor 30, 1933		
20. FILED 11-28-, 1333 Chast Bowers (Signed) 9. S. Stauffer M. I. Registrar. (Address) It against trury hed.	<b>-</b>	WR ati	19. UNDERTAKER 77. 15. COXX may	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED //-28-, 1933 6 Kasffl Journey (Signed) U.S. Stauffly M. (Address) Stagestown M. (Address) . Stagestown M.	No.	1749		2	
	S.	ż		11 11-15	
	1.	Ralph St	× 11.1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

V. S. No. 1 N. B.—V

1. PLACE OF DEATH	TIA45
County Mashing to	Registration Dist. No. 3 0 6
Village or City Smithsburg	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Subin 13 13	rown.
(a) Residence: No(Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (prite the wor	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma & . Brown	22. J HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Morror 1/ 184	J last saw h zamalive on A 7 7 6 1933 death is said
7. AGE Years Months Days If LESS th	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Smithaling (State or country)	Other Contributor Causes of Importance:
13. NAME Showard Brown	
14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of
IS MAIDEN NAME	What test confirmed diagnosis?
15. MAIDEN NAME / Catherine Osur 16. BIRTHPLACE (city or town) (State or country)  Lynknown	Accident, sulcide, or homicide?
17. INFORMANT Miss Helper Miweum (Address) Smithalus A	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place SmithshirgDate Mon. 22, 19;	Manner of Injury
19. UNDERTAKER William & Downing (Address) Smithaling	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED NO 5 21, 1933 Sand Francis	(Signed) M.D. M. D. M. D

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	5 25

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	11440
	County Washington	Registration Dist. No. 30
tem of should of OCC	Village or City Ragustown	amand C That the 3
0		f death occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Every PHYSICIANS tet statement	Length of residence in city or town where death occurredyrsmos	s. / 6 ds. How long in U.S. if of foreign birth?yrsmosds.
Every MANS	2. FULL NAME John R Carty	
RD. Every YSICIANS statement	(a) Residence: No. 108 S. Mulhay	St. 3 Ward.
RECORD. PHYSI Sxact star	(Usual place of abode)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OV DIVORCED ("work the word)	21. DATE OF DEATH
IN I	Male white Single	(Month) (Oay) (Year)
DING ANEN A C T I ssifted.	5a. If married, widowed, or divorced HUSBANO of	
BINDIN ERMANI EXACY y classifi-	(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
BIN ERN EX y cla	6 DATE OF PIRTH (month day and was) W/ Aug / 2-1933	1933, to 1/105 28 , 1933
FOR BI IS A PE stated E properly certificate.	6. DATE OF BIRTH (Month, day, and year)	I last saw h_L_777 alive on 27 , 19 33 ; death is said
OR ated ated oper-tific	7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at 6,30 Q m.
FOR IS A stated proper	6 / 6 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 07	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cong Implores of Lenoses July 144
	SAWYER, BOOKKEEPER, etc.	finital
VK-T) should it may n back		Culso
INK INK sho t it	0. Date deceased last worked at 11. Total time (years)	
	this occupation (month and spant in this occupation year)	
2 4 - 3	Wage store	Other Contributory Causes of importance:
IN I	12. BIRTHPLACE (city or town) Noglasian (State or country)	
AARGIN ITH UNFADI Illy supplied. plain terms, so	13. NAME Carle W Cart.	
A UN UN TER	E 9/2 - +	<i>N</i>
1 70	14. BIRTHPLACE (city or town)	Name of operation
X, WITE carefully [H in plain octant.		What test confirmed diagnosis? Was there an autopsy?
INLY, WI be careful EATH in pimportant.	15. MAIDEN NAME Marcile Mongan  16. BIRTHPLACE (city or town). 12 runs with	23. If death was due to external causos (VIOL ENCE) fill in also the following:
AINLY, do be can DEATH	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
VINLY I pe ca	(State of County)	Where did injury occur? (Specify city or town, county and State)
JAI DE	17. INFORMANT CA Carly	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Roguestury Ma	
二 、 至 . 普	Place Maguation md Date Nov 29 1933	Manner of Injury
WRITE nation s NAUSE	Place Date of 1995	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Sert 7. Munnich den	24. Was disease or injury in any way related to occupation of deceased?
No.	(Address) Ragustom ma	If so, specify
20 1	20. FILEO /1-28- 1933 Charf Bowers	(Signed) When I comad M, D.
> 4	Registrar.	(Address) Acques town, and.
	If more blanks are needed, address State Registrar,	2412 N. Charles Street, Balimore, Requessing V. S/No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Research Land Control of the Control	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DFC 6 1933	July 5,1927	Peritonitis	3 days ago
	BUREAU			
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

PHYSICIANS should state Every item of infor-

of OCCUPA.

Exact statement

PLAINLY,

B.—WRITE

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9) 20
County Washing You	Registration Dist. No. 30 2)
Village or City Via Q Q Q Y S Y D W n	" \\\\ a a\\\\ \\\\\\\\\\\\\\\\\\\\\\\\
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	10ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Plice Clark.	
(a) Residence: No. Fairplay	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie Aha word)	21. DATE OF DEATH
temale White married.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of John S. Clark	22. HEREBY CERTIFY, that I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thy 27-1865-	100 100
6. DATE OF BIRTH (month, day, and year) Hy 27-1865  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 R m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
o. Hade, profession, or particular kind of work done, as SPINNER, HOUS Quile SAWYER, BDDKKEPER, etc.	nov nov
9/industry or business in which	07 17 1/11
work was done, as SILK MILL, SAW MILL, BANK, etc	The state of the to acced 123
10. Date deceased last worked at this accuration (month and	dental fall in the hallway of her
this securation (month and year)  year) 11. Total time (years)  spant in this occupation 10 475	home cuyli
12. BIRTHPLACE (city or town) Faix play	Other Contributory Causes of Importanca:
Fig. (State or country)	Chy Mr. and Do : Eig years
# 13. NAME Sosiah Rohrer	
13. NAME Sosiah Mohrer  14. BIRTHPLACE (city or town) Locust Grove	Nama of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAMBUS an Palmer-	23. If death was due to external causes (VIDL ENCE) fill in also that following:
15. MAIDEN NAMBUS an Palmer-	Accident, suicida, or homicide? <u>Accident</u> . Date of injury Mars. 17, 1933.
(State or country) md.	Where did injury occur? in Hagerstown, Washington Co., med.
17. INFORMANT July S. Clark, DES	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Haap'rstown my	in hallway of her home.
18. BURIAL CREMATION, DR REMOVAL	Manner of injury assistant Pall
Place Manor Country Date Dec 3 , 1933	Nature of Injury Frontised Rips
19 HNDERTAKER FK. COVVNAGU (	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER TO COXXMOUS (Address)	If so, specify
12-1- 32 bleaths- 2014	(Signed) M D

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	41 - 12-4-4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
GAN G 157			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

0	F MARYLAND—	-CERTIFICATE OF DEATH	1448
1. PLACE OF DEATH	<i>f</i>	(72-2)	
County / as surge	a.	Registration Dist. No. 30	
Village or City Clealage	ung.	NoSt.,	Ward
Length of residence in city or town where dee		If death occurred in a hospital or institution, give its NAME instead of street and nu sds. How long in U.S. if of foreign birth?	
2. FULL NAME Wellia	m to Cow	ton,	
(a) Residence: No.		St., Ward.	
	(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Male. Whit.	SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of		(month) (bay)	(lear)
(or) WIFE of		1 HEREBY CERTIFY. That I attended do	ceased from
	- 15- 100.	1932, 10, 100, 4	192
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days II LESS than	to have occurred on the date stated above, at 11 2 m.	death is said
62 5	1 day,hrs.		
8. Trade, profession, or particular	11	Godakine	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	talorer	- Dissease	Fel.
9. Industry or business in which work was done, as SILK MILL,	ham.		1000
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc		-	193
this occupation (month and year)	11. Total time (years) spent In this occupation		
12. BIRTHPLACE (city or town). Cleans	sine	Other Contributory Causes of Importance:	
	land.	Muna	
13. NAME William &	Conton		
13. NAME William A. ( 14. BIRTHPLACE (city or town). Clean	surve.	Name of operation Asset Date of	
(State or country)	reland.	Name of operation Date of What test confirmed diagnosis? Was there an au	L.
15. MAIDEN NAME / Margan	et A. Edelen	23. If death was due to external causes (VIOLENCE) fill in also the following:	opsyle====
15. MAIDEN NAME Margan  16. BIRTHPLACE (city or town)	exing.	Accident, suicide, or homicide?	19
E (State or country)	island.	Where did Injury occur?	, 17
17. INFORMANT MUS. Leage (Address) Cleansuring	B. young.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR BEMOVAL AND	ine 1	Manner of injury	
Place // Se Hell Clair	10ph / -6- 1923	Nature of Injury	
19. UNDERTAKER Mohard 11	Comas	24. Was disease or injury In any way related to occupation of deceased?	ho
20. FILED MOV 5 , 19 3 3 1	W Muna	(Signed) matting P. Perry	M. C
/4 !	Registrar.	(Address) a clarestice 5 %	10 88

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To be complete, an occupation return must state:

130

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10.—The month and year the deceased last worked at the occupation.

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11	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

FOR BINDING

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
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July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street ear  July 5,1927  Peritonitis  Other contributory causes of importance:

mation

(Address)

S. No. 1

of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

It LESS than

1 day, ..... hrs.

or\_\_\_\_min.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE STREET V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1452
1. PLACE OF DEATH		(37)	1100
County Washington	••••	Registration Dist. No. 30	5-
Village or City Boodsley		NoSt	Ward
Length of residance in city or town whare death		death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?yrs.	
2. FULL NAME Francis	marion 9	9 ~. 1.	
(a) Residence: Np. / Boro	ristrono mo	1 - St. Ward.	
(a) Nosiderice. No.	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
male Culite	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  November 22't  (Month) (Day)	, 193 <b>3</b> . (Yaar)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY, That I attended Nov. 12" 1933 to Nov. 22	ed dacaased from
6. DATE OF BIRTH (month, day, and year)	13 - 1049		3; daath is said
7. AGE Years Months	Days If LESS than	to have occurred on the data statad abova, at 6 4. m.	,
84 5	9 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end ralated causes of Importance were es follows:	Date ol onset
8. Trede, prolession, or particular kind of work done, as SPINNER.	7	7-6	Date of onset
NO SHORE PROFESSION, OF PARTICULAR AND CONTROL OF THE PARTICULAR A	none	Chronic Cystetis	hov. 3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
1D. Date dacaased last worked at this occupation (month and	11. Total time (years) spent in this	Duration conference	
yeer)	ocsupation	Dthar Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	roso	arteris Alleroeus	nov 3
(State or country) Coah.	co. md.		
E 70	- 11		
(State or country)	Co. md.	Nema of oparetion Date of What tast confirmed diagnosis? Was there a	
15. MAIDEN NAME Margaret	Eules	What tast confirmed diagnosis? Was thare at 23. If daath was due to external causes (VIDLENCE) fill In elso the following	
15. MAIDEN NAME Margaret  16. BIRTHPLACE (city or town) The	urunit	Accident, suicide, or homicide? Date of Injury	
≥ (Stata or country) + red:	Co. md	Whare did injury occur?	
17. INFORMANT Cli Scott	Doul-	(Specify city or town, county and S Specify whathar Injury occurrad In INDUSTRY, in HDME, or In PUBLIC I	late) *LACE,
18. BURIAL, CREMATION, DR REMOVAL	71- 5.5	Mannar of injury	
Plece / Da Da	te/60.20. 1933	Nature of injury	
19. UNDERTAKER Dast	1 X day	24. Was disease or injury In any way related to occupation of deceased?	no.
(Addrass) Boundhow	md.	If so, spacify	
20. FILED 100. 20: , 19.33 (Will	lian of the and	(Signad) Adjust file.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURRATES			
Other contributory causes of importance:		Other contributory causes of importance:	1 10 10 10 10
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	453
1. PLACE OF DEATH		10	
Village or City Hagen	stown	No. 128 Registration Dist. No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Z Ward
Length of residence in city or town where death  2. FULL NAME Slowers	11		
(a) Residence: No. 128	(Usual place of abode)	St., Z Ward.  If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Temale White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	193 3 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY That I attended of Mov. 16 ,19 33, to Wor 19	eceased from
6. DATE OF BIRTH (month, day, and year) No	w11,1929	I last saw her alive on Low 19 , 19 35	; death is said
7. AGE Yeers Months	Days If LESS than	to have occurred on the date stated abovo, at 7:45An.	
4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	rone	N) BKG - Langeled a	Date of onset
Work was done, as SILK MILL, SAW MILL, BANK, etc.		phonyng cal	
1D. Date decessed last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Hage (State or country)	nstown	Other Contributory Causes of importance:	
13. NAME Chanles	E Fain	foronono fremonsa	
14. BIRTHPLACE (city or town) The de (State or country)	esich Co.	Name of operation Date of Date of What test confirmed diagnosis?	a'opsy?
15. MAIDEN NAME Many	I. Frush	23. If death was due to external causes (VIDLENCE) fill In also the following:	
E (State or country)	gersiann	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT Ma Chan (Address) Hagins	les E Fair	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE,
18. BURIAL, CREMATION, DR REMOVAL Place Hagenston Mo	le non 20,1933	Manner of Injury	
19, UNDERTAKER Seatt 7 Mil (Address) Vagens	much for	24. Was disease or injury in any way releted to occupation of deceased?	
20. FILED/1-20- 1933 CKS	Hovers	(Signed) fluip ( Bishim	M. D.

(Address) 101 - (11. Paroniage CV) Registrar. If more blanks are needed, address State Registrar, 2411 N, Charles Street, Baltimore, Requesting V. S. No. 1

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	11409
1. PLACE OF DEATH	- 50	11 7
County & asking low	Registration Dist. No.	02
Village or City Hagenotown	No. Wash Co Hospetos.	Je Ward
Length of residence in city or pwn where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and	
4		
2. FULL NAME TARE I TO	24	
(a) Residence: No. / O Z G - W Well (Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB/RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Female (1/Lute OR DIVORCED (periods word)	(Manth) (Day)	(Year)
5a. If mawied, widowed, or divorced HUSBAND of		
(or) WIFE of Consent 7. 4 role.	22. /I HEREBY CERTIFY, That I attended	
7 1 1/1/1860	4/5 ,1933, 10 11/28	3; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months Days   If LESS than	1 2 2 0	: ; death is said
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at /2m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
To the control of the	were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Curunny sy praise and	DINN MAN
(9) industry or business in which	CWYGANIA V JU	
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  SJINdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (month and	,	
year) occupation occupation	Other Coutributory Causes of Importance:	
2. BIRTHPLACE (city or town) June 1	•	
(State or country)		
13. NAME (O LLASS). Wasting.  14. BIRTHPLACE (city or town). The More of the Company of the Comp	0 15 10 11 150	
14. BIRTHPLACE (city or town)	Name of operation Radical Removal left Bros Date of	4/6/33
(State of country)	What test confirmed diagnosis? MICODINGPIL Was there an	au'opsy?
15. MAIDEN NAME ELLA C TIPES  16. BIRTHPLACE (city or town) ASSEMBLE TO BE	23. If daath was due to external causes (VIOL ENCE) fill in also the following	ng:
	Accident, suicida, or homicida? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ate)
7, INFORMANT way esel hope	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	LACE.
(Address) C C Wash, St. 8. BURIAL, CREMATION, OR REMOVAL	M	
Place Thurseuset lupate 7/ 1933	Manner of injury	
Auto do		11
19. UNDERTAKER OUT (Address) And England Lead	24. Was disease or injury in any way related to occupation of decaased?  If so, specify	-4
12-1- 33 Wast Hamer (1)	(Signed) Musby	M. D.
20. FILED 19 Registrar.	(Address) / 7 WMuhrb	
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	4

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BULBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

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TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	AND—C	CERTIFICATE OF DEATH	450
county Washinakon,		Registration Dist. No. 36	2
Village or City Fair 1: ew -  Length of residence in city or town where death occurred 3 yrs	(lf c	NoSt., death occurred in a horpital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?yrs	Ward
· - ·	Sord		100:
	SOFUL		
(a) Residence: No. ー ないとい。(Usual place of abod	de)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V OR DIVORCED (write		21. DATE OF DEATH	1933
5a. If married, widowed, or divorced		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) on and 27-	1931	I last saw h alive on	; death is sai
	f LESS than	to have occurred on the date stated above, at S. F., m.	,
2 18 15- 1da	ay,hrs. min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
SAWYER, BOOKKEEPER, etc.		Columban fortunism	Burt
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.			(?)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	eers) nis		
12 BIRTHELACE (city or town) Fai YV; ew		Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Tal YU. ew (State or country)			
I \			
14. BIRTHPLACE (city or fown) CACAXY (State or country)		Name of operation Data of	
		What test confirmed diagnosis? Was there an	
I 15. MAIDEN NAME IN CLY TROWNERS		23. If death was due to axternal causes (VIOL ENCE) fill in also the followin	0
15. MAIDEN NAME Way Nowen		Accident, suicide, or homicide?	, 19
(State or country)		Where did injury occur?(Specify city or town, county and Sta	ite)
17. INFORMANT Sugar Description (Address) Fairly Sugar	A	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE.
18. BURIAL, CREMATION, OR REMOVAL	虚	Manner of Injury	
Place Manfordus Md Date MW /H	, 19. 33	Nature of Injury	
19. UNDERTAKER 7. T. CUX Lucas (Address) > Calarda Lucas	~	24. Was disease or Injury In any way related to occupation of decaased?	
20. FILED Nov. 14th 33 George St. Brewl	aker	(Signed) I do (Qallan ) Xan	M. I
Hugus Great	Registrar.	(Address) Q-9-M-Myrah 34	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:	Investure	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			DIE SELECT
			·

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11456
1. PLACE OF DEATH	(186-0)
county Mash inglown as	Registration Dist. No. 4.30 Z
Village or City Volule's Lower	Notashughi County Hostiles Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds llow long In U.S. if of foreign birth?mosds
2. FULL NAME Honard K, D, Jorch	on /
(a) Residence: No. Freenewalle P	K, St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (porte the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5e. If merried, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
hale 27 1461-	I last saw h. Lau alive on 200 10 1933; deeth is said
6. DATE OF BIRTH (month, day, end year)  7. AGE Years Month's Oays If LESS than	to have occurred on the date stated above, at STOP m,
104 01113 -13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
ormin.	were as follows:  Date of oneset
8. Trade, profession, or parkeular kind of work done as SPINNER, merchant SAWYER, BOOKKEPER, etc.	January 2 2 mg
4 9. Industry or business in which	tracked temes
work wes done, as SILK MILL, Tween	Luces alexa I Masela
10. Oato deceased last worked et this occupetion (month and spant in this 3)	Blooch
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ahady zove	
(State or country)	Chronic My Cardely
13. NAME Humfilmy & gordon  14. BIRTHPLACE (city or town) Shally Grove	
14. BIRTHPLACE (city or town) Shally Gur	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en au'opsy?
15. MAIOEN NAME Debora Curren	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Emmells burg	Accident, suicide, or homicide? Dete of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT The G. Goodlow had	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL O PE Protection	Manner of injury
Plece Freen Oustle Oate 134 , 1933	Nature of Injury
10 HNOFFTAND COTT + Municipal on	24. Wes diseese or injury in any wey related to occupation of deceased? 25
19. UNOERTAKER (Address) (Address) (Address) (Address)	If so, specify
11-11-33 Chas H13-101	(Signed) The au Avrolon M.
20. FILED 1900 Registrat	(Address) Italies lown mre

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Stashington	93-2
County Washington	
	Registration Dist. No. 30036
Village or City Nangan	NoSt. War
Length of residence in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?mosdi
2. FULL NAME Marget Kathering	12-00
10	J OA WALL
(a) Residence: No. Quantum (Usual dace of abode)	Q. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word "Vaca")	hov, 5 1933,
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Christopher Columbus/James	22. I HEREBY CERTIFY, That I attended deceased from
Dec 22 1859	1 1 10 130 22
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS that	
7.5 10 13 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:  Data of once
kind of work done, as SPINNER, House Reepsin	9 11 - 20 17.
8. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	I Chronic Myorarditis
8. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Wash Co. Ind	Dther Camtributary Causes of Importance:
(State or country)	
13. NAME Alfred Myers	
13. NAME Med Myers  14. BIRTHPLACE (city or town) Wash. Co. md.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Jane John	23. If death wes due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME May Jane Donn 16. BIRTHPLACE (city or town) Grant	Accident, suicide, or homicide? Date of injury, 19
(State or country) West Magina	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT William & Grins	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Harpers Herry R 70 FF /	
Place Camples manar Moste 200- 8 193	Manner of injury
108 10	Nature of injury
19. UNDERTAKER LACK COMPANY CONTRACTOR CONTR	24. Was disease or injury In any way related to occupation of deceased?
165 3 800013	(Signed) WIH. Sheatly 10 12
20. FILED Registrar.	(Address) Sharpshag
If more blanks are needed, address State Regist	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	j.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11458
infor- state UPA-	1. PLACE OF DEATH	107-0
of ald CCC	County Washington Village or City Haaaaxstown.	No. 917 Carry of St., 3 Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
RD. Every YSICIANS statement	77 0 16	ds. How long in U.S. if of foreign birth?yrsmosds.
E Extern term	2. FULL NAME Hunie M. Menson	7,
	(a) Residence: No. 11 Landale (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
h i	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7007 2-6 1933
NG VEN Fed	5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
BINDING PERMANENT EXACTLY ly classified.	(or) WIFE of Daley	22. HEREBY CERTIFY, That I attended deceased from 23. 1933 to 22. 26. 1933
SIN ERN EX	6. DATE OF BIRTH (month, day, and year) Curch 5 - 1868	Hast saw here alive on The 25 19 33 death is said
R F F F F F F F F F F F F F F F F F F F	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR BI IS A PE stated E properly	65. 8 21. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
***	8. Trade, profession, or particular kind of work done, as SPINNER,	Date of offset
VED THIS Id be ay be ck of c	SAWYER, BOOKKEEPER, etc. T. D. U.S. Ye.	Bronchiae Premoure 11/23/3
SERVI NK—Ti should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	
03 1 0		
	year) VVV 15 - 14.33 Occupation O 4 YS	Other Contributory Causes of importance:
DI DI	12. BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
RG. IFA lied	11100	Jeneral Cinemica
TARGI UNFA supplied n terms,	13. NAME William Staubs- 14. BIRTHPLACE (city or town) Sharpsburg	Name of operation
I'H U I'y sur lain t	(State of country)	What test confirmed diagnosis?
AINLY, WITH UNFA the bearefully supplied DEATH in plain terms, y important. See instru	15. MAIDEN NAME Charlotte H. moats  16. BIRTHPLACE (city or town) = air, play	23. If death was due to external causes (VIOLENCE) fill in also the following:
PLAINLY, WI hould be careful OF DEATH in prey	[ 16. BIRTHPLACE (city or town) = a ty, play	Accident, suicide, or homicide?Date of injury, 19
INI.	(State or country)	Where did injury occur? (Specify city or town, county and State)
PLAINLY ould be cary impor	17. INFORMANT) Quel H. Staubs.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
53 70	18. BURIAL CREMATION, OP REMOVAL	Manner of injury
	XXX any Cen. Med Date My 28, 1933	Nature of injury
-WRITE mation sl CAUSE TION is	19. UNDERTAKER A. K. Coxx man	24. Was disease or injury in any way related to occupation of deceased?
9	(Address) Hagerstown. Tud.	If so, specify
E B CT	20. FILED /1-2/- 1933 6 Kosft Bowers	(Signed) It Gy groulon M. D.
POOL	Registrar.	(Address) pager lown hug
Mr. Dordon	15 more vianas are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requaling U. S. No. 1.

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BURRAU			
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Gallstones	May 1,1923	Gastroenteritis	1 year

Village or City.  Village or C	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City 10 and 11 and 12 and	1. PLACE OF DEATH	97)
Langth of residence in city or townshere death occurred.  Langth of residence in city or townshere death occurred.  Langth of residence in city or townshere death occurred.  (If death occurred in a hospital or institution, give its NAME instead of street and number).  (If death occurred in a hospital or institution, give its NAME instead of street and number).  (If death occurred in the point of the point	county Washing tou	Registration Dist. No. 38
Length of residence in city or townshere death occurred.  (a) Residence: No.  (b) Collegian black of body (b) Black of b	Village or City 70 agers tour	
(a) Residence: No. (Susplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVOREDA (America) word)  A COLOR OR RACE OR DIVOREDA (America) word)  5. SINCLE, MARRIED, WIDOWED, OR DIVOREDA (Month) (Month) (Day)  (War)  1. I HER EBY CERTIFY. That I attended deceased from the control of the date stated above, at 2.1 (193.). 19. 20. 19. 20. 19. 20. 19. 20. 20. 19. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20		
(a) Residence: No. (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RICE OR DIVOREDA (SILLARS  3. SEX  4. COLOR OR RICE OR DIVOREDA (SILLARS  3. SEX  4. COLOR OR RICE OR DIVOREDA (SILLARS  5. SINGLE, MARRIED, WIDOWED, OR DIVOREDA (Worth)	2 FILL NAME Quina, C. Hom	Theres vonte
Claud place of shode    PERSONAL AND STATISTICAL PARTICULARS     3. SEX	1110	PS Ward
3. SEX 4. COLOR OR RACE OR DIVORCED Active the word)  If I may married, widowed a strong of the word o		
OR DIVORCED Awaite the word)  If the word with the word with the word of the word with the word was a per sollows. The profession, or particular kind of word done, as SPINNER, and the word was done, as SPINNER, and the word wa	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Huseand of the procession of particular huseand of the procession of particular hind of work done as SPINNER, SAVER, BOOKEEPER, etc.  10. Date of particular was done as SILK MILL.  SAVER, BOOKEEPER, etc.  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAIDEN NAME  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURLA, CREMATION, OR REMOVAL  Place  Place  19. UNDERTARE  (Address)  19. UNDERTARE		11 2 5 193 3
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day. hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs.	R. If married, widowed or district	(Month) (Day) (Year)
7. AGE Years Months Days If LESS than I day,	(or) WIFE of Thos. Hollingsworth	
Trade, profession, or particular of summer as SPINNER, summer as follows:    A Trade, profession, or particular of summer as SPINNER, summer as follows:   A Trade, profession, or particular of summer as SPINNER, summer as follows:   A Trade, profession, or particular of summer as SPINNER, summer as follows:   A Trade, profession, or particular were as follows:   A Trade, we	6. DATE OF BIRTH (month, day, and year) Self 29 1844	I lest saw h flive on no time, 19; death is said
Name of operation.    1.   Name   Country   Co		
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12. BIRTHPLACE (city or town)   Citate or country   Causes of Importance:     13. NAME	Z a Trade, profession, or particular	. Date of birset
12. BIRTHPLACE (city or town)   Citate or country   Causes of Importance:     13. NAME	SAWYER, BOOKKEEPER, etc.	arteria delesoses
12. BIRTHPLACE (city or town)   Citate or country   Causes of Importance:     13. NAME	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
Other Coutributory Causes of Importance:  Other Coutributory Causes of I		
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED  17. INFORMANT  (Signed)  21. Was there an au'opsy?  22. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, sulcide, or homicide?  Date of injury  Where did injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of inju		Other Contributory Causes of Importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  10. The following in the foll	// -	
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15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED  10. MAIDEN NAME  11. INFORMANT  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. Was disease or Injury  19. UNDERTAKER  (Address)  (Address)  (Address)  19. UNDERTAKER  (Address)  (	14. BIRTHPLACE (city or town) 4 Marchen (State or country)	
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20. FILED 11- 16- 133 6 Hast Bower (Signed) af I auffer M. D.		
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		4/46:11/1/2/2/2/

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BUREAU V.S			
Other contributory causes of importance:		Other contributory causes of importance:	
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			1

INDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR B	S IS A PE	stated E	properly	certificate
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS	fully supplied. AGE should be	n plain terms, so that it may be	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importal

	-	Paristantia Dia No. 3 (15)
County Mashing	_ / _ /	Registration Dist. No.
Village or City Aung	sold mel	No. St., Ward  f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town wh	ere daath occurred 62 yrs	s. 5 ds. How long in U.S. if of foreign blrth?yrsmosds
2. FULL NAME Ann	is M. Hooved	
(a) Residence: No. Residence	minuted med.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH HOW. 10 1933
temale white	Single	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. / VHEREBY CERTIFY. That   attanded deceased from
(OI) WIFE OI		Sept 23, 1993310, Mov 9, 1933
DATE OF BIRTH (month, day, and year)	plue. 5 1863	i last saw en aliva on Mong, 1933; death Is sai
. AGE Yaars Months		to have occurred on the data stated above, at 130.m.
69 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raiated causes of importance were as follows:
8 Trada profession or particular		Cerebral degeneration
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Amuse dulies	
9. Industry or business In which work was done, as SILK MILL,		V
kind of work dona, as SPINNER, Hause dulies  SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end		
10. Date deceesed last worked at	11. Total time (years)	***************************************
this occupation (month end year)	11. Total time (years) spent in this occupation	
year)	spent in this	Other Contributory Causes of importance:
	spent in this	Other Centributery Causes of Importance:
2. BIRTHPLACE (city or town) Rung (State or country)  1 13. NAME  10 M 3/m	spent in this occupation explanation and much	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Rung (State or country)	spent in this occupation elifa	
2. BIRTHPLACE (city or town). Acres (State or country)	spent in this occupation explanation and much	Name of operation Date of
year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	spent in this Life	Name of operation Date of What test confirmed diagnosis? Ottober 2 As there an eutopsy? He
year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	spent in this Light occupation differences of gold med.  The med med med med med med med med med me	Name of operation
year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	spent in this Light occupation differences of gold med.  The med med med med med med med med med me	Name of operation Date of What test confirmed diagnosis? Destate an eulopsy? 23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	spent in this Light occupation differences of gold med.  The med med med med med med med med med me	Name of oparation Date of
year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  (Address)  (State or country)	spent in this Life  occupation defection  gold med.  over  gold med.  August Machen  Ruggield Med.  Loover	Name of operation Date of
year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  (Address)  8. BURIAL, CREMATION, OR REMOVAL	spent in this Life occupation experiences  gold med.  over  ggold med.  Nation Hacken  Ranggold med.  Joover.  Joover.	Name of operation  What test confirmed diagnosis?  23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury
year)  2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  7. INFORMANT  18. MAIDEN  19. MAIDEN  10. MAIDEN  11. MAIDEN  11. MAIDEN  12. MAIDEN  13. MAIDEN  14. MAIDEN  15. MAIDEN  16. BIRTHPLACE  16. BIRTHPLACE  17. MAIDEN  18. MAIDEN  18. MAIDEN  19. MAIDEN  19	spent in this Life  occupation defection  gold med.  over  gold med.  August Machen  Ruggield Med.  Loover	Name of operation  What test confirmed diagnosis?  23. If daath was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury
year)  2. BIRTHPLACE (city or town). Resignation (State or country)  13. NAME  14. BIRTHPLACE (city or town). Resignation (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Management (State or country)  7. INFORMANT Management (Address)  8. BURIAL, CREMATION, OR REMOVAL Place Bulling that Camelle (Address).  9. UNDERTAKER. Halfe.	spent in this Life occupation experiences  gold med.  over  ggold med.  Nation Hacken  Ranggold med.  Joover.  Joover.	Name of oparation  What test confirmed diagnosis?  23. If daath was due to external causes (ViOLENCE) fill in also tha following:  Accident, suicide, or homicide?  Whare did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury
year)  2. BIRTHPLACE (city or town)	spent in this Life occupation experiences  gold med.  over  ggold med.  Nation Hacken  Ranggold med.  Joover.  Joover.	Name of oparation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

ADDITIONAL SE	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
County washington	Registration Dist. No. 307
hear Village or City Brownsville (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
A	
(a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYOBCED (write the word) White.  States	21. DATE OF DEATH Ker 29 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Indiala Rockwell  6. DATE OF BIRTH (month, day, end year) Oct 6  7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY. Thet I attended deceased from  Lect 7, 1933, to 229, 1933  I last saw him alive on 24, 1933; death is said to have occurred on the date steted above, at 12, m.
78 9 23   1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this spent in thi	Chromi Cardy Volord as Decert
10. Date deceased last worked at this occupation (month and yaar)  12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) W M	
13. NAME Geo Avoundle  14. BIRTHPLACE (city or town) 71. U.State or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Schoolbey  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Mrs. Blanche Milley  (Address)  (Address)	23. If death wes due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Burnswick Md Place Park History Date Date 1933	Mennar of Injury
19. UNDERTAKER A 1737 TV Korr (Addrass) Brunswick md	24. Was disaase or injury to any way related to occupation of deceased?
20. FILED DEC 1 st, 1932 Cornelius N. Castle. Registrar.	(Signed) M. D. (Address) Phunowill M.D.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact	PLACE OF DEATH County ( ) as hing tow	(9
A	illage or City Dargow (No	
orly cl	2FULL NAME Ellen Francis	y ?
CO	PERSONAL AND STATISTICAL PARTICULARS	
y be ack	female White Single, WIDOWED, OR DIVORCED (Write the word) Widow	16 DA
E 6	DATE OF BIRTH	17/-
ons o	May 26, 1849 (Mosth) (Day) (Year	that 1
- to -	AGE   IIf LESS than	and th
ms sc nstru	84 yrs. 5 mos. 12 de or min.?	The &
8	(a) Trade, profession or particular kind of work	
H in plai portant.	(b) General nature of industry business, or establishment in	*********
- Nort	which employed or (employer)	Co
ry imp	State or gountry)  Noryland Country hot known	5
0 0 0	FAGHER Not known	(Signed
NO P	OF FATHER (State or country)	Vio
PATIO PARE	12 MAIDEN NAME OF MOTHER	18 L21
ccui	13 BIRTHPLACE OF MOTHER	At place
00 _	(State or country) And Ruseway	Where
shou ent of	(Informant) (as a l) Lessin	if not Former usual re
Stateme	(Address) angon Md	19 PL
ste	111- 18012	20 UN
T)	Filed 1/0 33 Of Coyer	9.

If more branks are needed, addross State Registrer,

STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist No.

Megistration D	18t. 1.0.,	had a seed a
Ward)	a hospitai	occurred in or institu- its NAME in-

number.) MEDICAL CERTIFICATE OF DEATH OF DEATH (Month) -(Day) HEREBY CERTIFY, That I attended, the deces death occursd on the date stated above. te the Disrase Causing Peath, or, in deaths from Caus s, state (1) Means of Injury and (2) whether tal, Suicidal or Homicidal. TH OF RESIDENCE (For hospitals, Institutions, Transr Recent Residents) In the yrs......ds. disease contracted, place of death? DATE OF BURIAL

W. Saratoga St., Balto., Requesting V. S. No. 1.

St.:

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more provinced mine, etc. Wom-taborer, Farm leborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salcsman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulless of various pursuits can be known. The quescapation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on Locomotive engineer,

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "TUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., taken. FOR VIOLENT DEATHS state MEANS OF INJUNY can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Whooping unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, telegrus) may be stated under the head of "contributory" curbolic acid-probably survide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDA., State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death ..... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; Chronic Carcinoma, etc. valvular heart disease; Nomenclature " etc.), "Dropsy, The Sarcoma,, etc., of contributory Measles ,

If this certificate is I oked over thoroughly and a l qu tions answered in detail, it will prevent further correspondence. . the data is essential and must be obtained before the cartificate is permanently filed.

	MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH  County Mashington		Registration Dist. No. 306
Village or City Stantlisting	Work les m	No St., Wa
Length of residance in city or town where death occi		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Carolelia Sa	rah Eller	Lakini
(a) Residence: No.		St., Ward,
	sual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Proloces	21. DATE OF DEATH  Nov. Lo (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attandad deceased from 1933, to 1933
6. DATE OF BIRTH (month, day, and year)		1 last saw h-Ramaliva on Chov. 20 1933; death is s
	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	E. Fural	Chronie Edvenditis 193
12. BIRTHPLACE (city or town) Boomstoro (State or country) Wash les 1	occupation	Dther Contributory Causes of Importanca:  Omega-
<b>E</b>	icos.	
14. BIRTHPLACE (city or town)	usom	Name of operation Date of
15. MAIDEN NAME Marcha. Ellin Frilliain  16. BIRTHPLACE (city or town) Sandun les va  (State or country)  17. INFORMANT Cymil of Schlasson  (Address) Smithy burg and		What test confirmed diagnosis?
18. BURIAL, CREMATION, DR REMOVAL Place Soousbou. Currety Date	Aro 23 ,1923	Manner of injury
19. UNDERTAKER Substitution of Address) Substitution of 20. FILED 100 20, 1933 See S	Les Registrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) MODEL Community in any way related to occupation of deceased?  MODEL COMMUNITY IN ACCUPATION OF THE PROPERTY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N STATE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	464
1. PLACE OF DEATH	940	
County Washington	Registration Dist. No. 3	0 2_
Village or City Hagastown Md.	No. 1000 corbett St.	3 Ward
	death occurred in a horpital or institution, give its NAME instead of street and r	
2. FULL NAME Ellemora Sator	an.	
(a) Residence: No. Hages storage md.	St., 3 Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	102 3
Thursday Wildowed, or divorced Wildowed	(Month) (Day)	(Year)
(Or) WIFE OF Robert J. La Mar	22) I HEREBY CERTIFY, Thet I attended 1924 to 200. 6	deceased from
6. DATE OF BIRTH (month, day, end year) = eleman - 6-1855	I lest sew h. Su elive on Nov. 6 , 1933	; death is seld
7. AGE Yeers Months Deys If LESS than 1 dayhrs.	to have occurred on the dete steted above, et 10:00 m.	
0 9 - ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	Date of queet
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	· Chiquia Peclosio	1 hom
9 Industry or business in which	of Museum	
work was done, es SILK MILL, Sum Hand	Calcare The -	11-22-24
10. Date deceesed last worked et this occupetion (month end year)	uncuordeno	11-2212
12. BIRTHPLACE (city or town) Bakersille	Other Contributory Causes of Importance:	
(State or country) Wash. Co. md.		
13. NAME Jacole Eakle		
4 14. BIRTHPLACE (city or town) Bakersulle	Neme of operation Date of	
(Stete or country) Wash Co. md.	What test confirmed diegnosis? Wes there en a	u opsy?
15. MAIDEN NAME Catherine Wagner	23. If deeth wes due to externel causes (VIOLENCE) filf in elso the following	
16. BIRTHPLACE (city or town) Sunevala (State or country) TO Cools.	Accident, suicide, or homicide?Dete of injury	, 19
70 ' 7. 11'. 6 7.	Where did injury occur? (Specify city or town, county and State	2)
(Address) 1000 Corlett St. Hages stone Med.	Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Boonsboo Md Dete Nov. 9. ,1933	Neture of injury	
19. UNDERTAKER TUMO : Cast & Soy (Address) Boonsboo md;	24. Wes disease or injury in eny way related to occupation of deceased?	·a
20. FILED 11-7-, 1933 6 Hasft Bowers.	(Signed) W. Howard Jeager (Address) Frager Ham My	M. D.
	2411 N. Charles Street Belimon Requestion 71 S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(97)	
County Washington	Registration Dist. No. 3	
Village or City Near Downsville		
vinage of City	No. St., Ward f death occurred in a hospitat or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mo	sds How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Jonas C Liskey		
(a) Residence: No. Same	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH NOV. 14,;933	
male white OR DIVORCED (wgite the word) Widowed	(Month) (Day) (Year)	
5a. If married, widowed, or divorced		
HUSBAND of Katie Ward	22.   HEREBY CERTIFY, That I attended deceased from	
Mar 4, 1854	543. 1 1937, to May, 14 , 1933	
6. DATE OF BIRTH (month, day, and year)	I last sew in series elive on May, 3, 19.38; death is said	
7. AGE Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated above, at 10.39m.	
79 8 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER, farmer		
SAWYER, BDOKKEEPER, etc.	Culture Schuesso.	
3- Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	followed ty areas )	
	Mineral gangarean	
10. Date deceased last worked at 1930 this occupation (month and year) 11. Totat time (years) fe spent in this occupation		
	Other Centributery Causes of Importance:	
12. BIRTHPLACE (city or town) Harrisonburg Va (State or country)	·	
	- Mari	
Ŧ   · · · · · · · · · · · · · · · · · ·		
14. BIRTHPLACE (city or town) Harrisonburg Va	Name of operation Date of	
(State of Country) 11G1 1 15 O11 5 G1	What test confirmed diagnosis? Wes there an au'opsy?	
15. MAIDEN NAME Not Known  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VtOLENCE) filt in also the following:	
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19	
(Grade of County)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mrs Thomas Litten	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
(Address) Fairplay Md R.F.D,		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Bakersville Md Date Nov, 17., 19.33	Nature of Injury	
19. UNDERTAKER Albert Leaf	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Williamsport Md	If so, specify	

If more blan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
N BUKEL			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(82-0)
County Pasturate	~	Registration Dist. No. 302
Village or City Olyword	relle mel	No. St. Wa
Length of residence In city or town where dea	th occurred 20 yrs mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. it of toreign birth?yrsmos
2. FULL NAME Loseph	«les Louser	acher /
(a) Residence: No. 6 her	vsville. Mill	St. Ward.
(-)	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Sovember 24th  (Month) (Day) (Deat)
a. If married, widowed, or divorced HUSBAND ot	P	(100)
(or) WIFE of Mes Laura	Longrecher	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)		, 19, to, 19, 19
AGE Years Months	Days   If LESS than	I last saw h; death is say to have occurred on the dete stated above, atm.
5.6 8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protection or particular	l ormin,	were es tollows:  Date of ons
kind ot work done, as SPINNER, SAWYER, BODKKEEPER, etc.	arpenta	The contract of
kind of work done, as SPINNER, SAWYER, BODKKEFFER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10: Date deceased last worked at		Dean
work was done, as SILK MILL, SAW MILL, BANK, etc		
this occupation (month and	11. Total time (years) spent in this occupation	
1-0	· 10- de- 1	Dther Contributory Canses of Importance:
2. BIRTHPLACE (city or town)	ace ma	
1 00	oriena o	
14. BIRTHPLACE (city or town) (Stete or country)	Co 4 1	Name of operation
	Bourse	What test confirmed diagnosis?
1	1. Journau	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Beauce (State or country)	Coo und mod	Accident, suicide, or homlcide?
120 0	V	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT La Laura Longuesters (Address) Cheurolle Hal		Specity whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, DR. REMOVAL		Menner of injury
Place Calewrill Could pate how 27, 1933.		
). UNDERTAKER See B 14	oover	Nature of Injury  24. Was disease or injury In any way related to occupation of deceased?
0. FILED 11-25-, 1933 Colors	Howest,	(Signed) Sure truly
	Registrar.	(Address) leftered by the

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9407
county Mashington	Registration Dist. No. 303
Village or City Hagexstown	No. 1009 Haw ton Bladst, & Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Walker Josiah III a	chenzie
(a) Residence: No. 1009 Have: Hon Bloom	Lst., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i attended decessed from
S DATE OF RIPTH (month day and year) TIME 9 - 1860	1975, to 7077, 1973
6. DATE OF BIRTH (month, day, end year)  7. AGE Years   Months   Days   If LESS then	i last saw h
	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Dould Ceeper	arterior clesosis 1932
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et by the occupation (month add)	17.25
10. Date deceased last worked et this occupation (month and 24, spant in this occupation month and 24, spant in this occupation	
12. BIRTHPLACE (city or town) Mulceurie (State or country)	Other Contributory Causes of importance:  Petit Mal  1930
13. NAME 9 Thouth Machingie 14. BIRTHPLACE (city or town) Machingie	
14. BIRTHPLACE (city or town) Much Leven	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?_ Zuc
15. MAIDEN NAME Y CULTURE TO SERVICE (city or town) Machine (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wach Person	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Hagestown Will	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place TO CLOVE TO WAS ALLED Date VAY 13 1953	Manner of injury
Place 1048x50 wn, W Date MT 12, 1953,	Nature of injury
19. UNDERTAKER - M. Cox Juneau (Address) Hayers been les	24. Wes disease or injury in any wey related to occupation of deceesed? 24. If so, specify
20. FILED //- //- 1933 Chasff Bouler Registrar.	(Signed) H. S. Porterfield M. D. (Address) 136 W Washington &
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 6 1853			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

properly classified.

KVED FOR BL	K-THIS IS A PER	nould be stated E	may be properly o	back of certificate.
HARGIN RESERVED FOR BL	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	87-8 Registration Dist. No.
Village or City Standard Md	No. St., Ward
Length of residence in city or town whate death occurred 1 Pyrs may	s
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OF DIVORCED (which the word)	21. DATE OF DEATH 25 - 1933 -
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yeer)
(or) WIFE of Dung le	1 HEREBY CERTIFY, Thet I attended decessed from
5. DATE OF BIRTH (month, day, and year) Dug 13 = 1887	Mast saw h 2 elive on 2 7 , 1931; death is sel
7. AGE Years Months Deys If LESS than 1 dey,hrs.	mare se follows.
8. Trade, profession, or particuler kind of work done, es SPINNER, The Feet Legisla View	Date of ones
SAWYER, BDOKKEEPER, etc.	The wing a
kind of work done, as SPINNER.  SAWYER, BDOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked et this occupation (month and	July 16
10. Date decessed lest worked et this occupetion (month and year)	Caralysis agolan,
12. BIRTHPLACE (city or town Carffel and C	Dther Cautributes Causes of Importance:
13. NAME of Walliams Braylers	
13. NAME 1 14. BIRTHPLACE (city or town) Sharphare 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Neme of operation
(State of country)	What test confirmed diegnosis? Wes there en eulopsy?
944 - 20 14 - 2000	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16, BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT ROLL TO Market War 1997	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ON DEMOVAL Place Devel 11228 1933	Menner of injury
19. UNDERTAKER Summer to Co (Address) Kandus wills had	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 12) 123 \$9. 130gec. Registrar.	(Signed) Walty H. Shar
	, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1



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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.- OCCUPA-

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	1/160
1	. PLACE OF DEATH		<u> </u>	1400
	County Washington		Registration Dist. No. 35	2
	Village or City Hagerstown	E LIMITS OF	N321 Prospect Ave. st. S	Ward
		20 (If	death occurred in a hospital or institution, give its NAME instead of street and no	umber)
			ds. How long In U.S. if of foreign birth?yrsmod	s ds.
2	. FULL NAME Robert A.	Martin		
	(a) Residence: Ne 21 Prospe		St., S Ward.  If nonresident give city or town and S	State
AMERICA	PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	in To What to 0	INGLE, MARRIED, WIDOWED, IR DIVORCED (write the word)	21. DATE OF DEATH NOV. 15	19 <b>3</b> 3 (Year)
5a.	If married, widowed, or divorced			
-	Constitute Sarah F. Mar	tin	22. HEREBY CERTIFY, That I attended d	
	Tuno	10, 1854.	Oct. 22 , 1933, to por, 15	
6. 1	DATE OF BIRTH (month, day, and year) June		I last saw h ative on 19.3.5.	; death is said
7. /	AGE Years Months 5	Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, at	
	, ,	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z	8. Trade, profession, or particular	red Farmer	00	~3.
TIC	kind of work done, as SPINNER, Reti SAWYER, BODKKEEPER, etc.	Ica raimor	Chronic Myocardelia	S m
OCCUPATION	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		Chronic fortistidial replation	2 year
000	1D. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent In this occupation		
	BIRTHPLACE (city or town) Warren C	ountv	Other Coutributory Causes of importance:	
12.	(State or country) Virginia		No 111	
2	13. NAME Frank A. Martin		New York	~
FATHER			No. of analysis	
FA	14. BIRTHPLACE (city or town) - Virgini	a	Name of operation	sod:
MOTHER	15. MAIDEN NAME Polly Smit	h	What test confirmed diagnosis? Was there an at 23. If death was due to externel causes (VIDLENCE) fill In also the following:	
110	16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	, 19
×	16. BIRTHPLACE (city or town) Virgin	1a	Where did injury occur?	
17.	INFORMANT William A. Mart (Address) Hagerstown Md	in	(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLA	iCE.
-	BURIAL, CREMATION, OR REMOVAL Hagerstown Md. D.		Manner of Injury	
	Fred W. Kraiss			NO
19		đ.	24. Was disease or injury in any way related to occupation of deceased?	
-		11/2 11006	If so, specify (Signed)	an b
20	FILED //-/6-, 1933 67	as/T/Jouen	(Signed)	Wi. U.

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FURRANCE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The second second	STATE OF MARYING
PLACE OF DEATH	STATE OF MARYLAND
County Dashing Tow	CERTIFICATE OF DEATH
0.6	Registration Dist. No. 307
Village or City Sandy Hook (No.	St.: Ward) (If death occurred la
5.1	a hospital or institution, give Its NAME in
2 FULL NAME Margaret Cen	Miller stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Finale withete (Wite the word) & dans of	(Month) (Day) (Yaa)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the decessed from
	Wex 4 1033 10 Nov 10 1032
(Nohth) (Day) (Year	that I last saw he olive on no 10 1933
7 AGE	and that death occured on the date stated above, at Ocean
C/O lday hrs.	The CAUSE OF DEATH * was as follows:
yrs. & mos. 37 ds. or min.	
8 OCCUPATION (a) Trade, profession or	Dionfore Dearchora
particular kind of work Sousekeeping	V Serility tollowing
(b) General nature of industry	Annual ( Carl - A-D
business, or establishment in which employed or (employer)	(Duration) yre mos /2 de
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF Land Washington	(Duration) yrs mos de
FATHER )	(Signed)
11 BIRTHPLACE	192 (Address)
OF FATHER (State or country) Wash Lo. Md.	*State the Disease Causing Death, or, in deaths from
(State or country) Wash Lo. Md.	*State the Disease Causing Death, or, in deaths from Violent Causa, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
V OF MOTHER	18 LENGTH OF RESIDENCE (For Lospitule, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER / O / N	At place of death yrs mos ds. State yrs ds.
(State or country) Washe lo. ma.	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Mrs Anna Reynolds	usual residence
(Address) Wevertow End.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Mudicos)	LO UNDERTAKER MCLIND Md MOV. 19. 193.3
15 Filed Nov. 12th 1933 Cornelius V. Castle	ZO UNDERTAKER ADDRESS
Deputy Registra	Teachles Solivar W
If more branks are needed, address State Registrar	15 W Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed guged in domestie service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, we are engaged in the duties of the Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g. . Farmer or Planter, tion applies to each and every person, irrespective of capation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. Physician, Compositor, Architect, Locomotive engineer, these of various pursuits can be known. The quesreport specifically the occupations of persons enetc., For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory (Recommendations on statement of cause of death American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., scpsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Dobility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); · · · · · · (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy" "Collapse," "Coma," "Convulsions, "Litry" ("Congenital," "Senile," etc.), "Dropsy," FOR VIOLENT DEATHS State MEANS OF INJUNY interstitial nephritis, Chronic etc. valvular heart disease; Nomenclature of the The contributory Sarcoma,, etc., of " Shock, Mousles ;

If this certificate is looked over thoroughly and a l que tions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

STATE C	F MARYLAND—	CERTIFICATE OF DEATH	1471
County Washington Village or City Hagerston	wn with the same of the same o	Registration Dist. No. 30  No. 945 Chestnut Street St., I death occurred in a hospital or institution, give its NAME instead of street and r	<b>Ward</b>
Length of residence In city or town where o		s	
2. FULL NAME Calvin		St., 2 Ward.	
(a) Residence: No. 945 Ch	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
Male   4. COLOR OR RACE   White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH November 28, (Month) (Day)	, 193 <sup>3</sup> • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine	Miner	22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) Au	gust 21, 1856	t last saw h fine alive on Nov. 27 133	; death is said
7. AGE Years Months 3	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5.30 Am.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Data of onset
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Retired  Farmer  11. Total time (years) spent in this occupation  rsburg	Other Contributory Causes of importance:	8 yes
(State or country) Md	· ·	Hypertrophy 10 wortete	Mysago
13. NAME John Miner 14. BIRTHPLACE (city or town) Leit (State or country)	ersburg Md.	Name of operation we Date of	u opsy o
T	ivernecht ngton County d.	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
17. INFORMANT Mrs. Kather (Address) Hagerstown.	ine Miner	(Specify or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	a) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md		Manner of Injury	
19. UNDERTAKER Fred W. Kra (Address) Hagerstown, 20. FILED //- 29-, 19 33-/6		24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address) Hazarstan	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31) Registration Diet No. 302
County Washington	Registration Dist. No.
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4 yrs	ds. How long in U.S. if of foreign birth?yrs,mosds,
2. FULL NAME Lohur Ho. Mu	ucr.
(a) Residence: No. 3 3 Waystale (Walplace of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the Aford)	21. DATE OF DEATH // 2 3" 193 3 3
mare waits married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE & ANGLE! Miles	22. I HEREBY CERTIFY. That I attended deceased from
July 200 0000 1000	I last saw h alive on 11 19.32; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4, 30 m.
01 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Wera as follows: Chedo Carditio . Osta ot onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	" nephritis
9. Industry or business in which	
work was dona, as SILK MILL, Thyrus ler	
10. Date deceased last worked at this occupation (month and spent in this	
year) ocsupation /2.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - Smith buy	
(State or country)	
14. BIRTOPLACE (city or town) Smith they	
14. BIRTHPLACE (city or town) Swettleburg	Name of operation
(State of country)	What tast confirmed diagnosis? Was thera an au'opsy?
15. MAIDEN NAME SUSAN CETTER	23. If death was due to external causas (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Suctificity.	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT CESTER MUSICAL AUGUST (Address) 3.5 (Ways i. b., ave.)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa & auctours Data 120, 19 33	Nature of injury.
19. UNDERTAKER BULLETER HOUSE	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) Hagenstourn luche	If so, specifyVICTOR D. MILLER, I'M The The I'M
20. FILED 1, 19 2 May 1 Registrar.	Signed, WASHINGTON ST., Wor Durles M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUERAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

should state

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-02
County Washington	Registration Dist. No.
Village or City 26 ag motorion	No. 902 ADC ACC SWard  f death occurred in a hospital or institution, give its NAME instead of street and number)
// 7/2	s ds. How long in U.S. If of foreign birth?
2. FULL NAME TO COURT HO. MAY	chold er
(a) Residence: No. 902 / Cold Recitle (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (3) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (ar) HIEE of Wary E Hielist	22. I HEREBY CERTIFY, That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Feb. 26"/862	I los saw h. alive on 74 9 , 1933; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
7/8/24 Tudy,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mandit.
9 Industry or business in which	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
work was done, as SILK MILL, SAW MILL, BANK, etc	Votic monthern
10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years)  spent in this occupation  occupation	,
Cancado.	Other Coutributory Causes of Importance:
(State or country)	Hub and Adding Mol B
I 13. NAME Selas Ucchols	
13. NAME Leas Acchors  14. BIRTHPLACE (city or town) 6 as a de (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Bartana Fressler	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Case Case, (Stata or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
17, INFORMANT MANS of the Mechanistal and (Address) 402 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2 /2	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hage stown Date /22,195	
19. UNDERTAKER Couldn't Flows	24. Was disease or injury in any way related to occupation of deceased?
(Address) of aggregation, and	If so, specify
20. FILED 1- N. W- , 10 3 4 Kalf 1 Souce Registrar.	(Signed) (Address) 13 % W W archington It
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTICIOATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH ,	95-6
ould OCC	County Cashingley	Registration Dist. No. 3/6
shou of O	Village or City Cardy Dwills	NoSt.,Ward
. 70		death occurred in a horpital or institution, give its NAME instead of street and number)
RD. Every YSICIANS statement	2. FULL NAME Pavid A Muses	huakken
	(a) Residence: No.	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
ECO PH xact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR DEFRACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
LX.	mele Thitz OR DIVORCED (write the word)	21. DATE OF DEATH 7. 1933 (Month) (Dey) (Yeer)
IANE! ACT] assified	5a. If married, widowed, or dispreed HUSBAND of Mass remove American	22. I HEREBY CERTIFY, That I attended deceased Iron
EX EX cla	6. DATE OF BIRTH (month, day, and year) Lane 26 1872	1   1   1   1   1   1   1   1   1   1
erly icat	7. AGE Yeers Month Deys If LESS then	to heve occurred on the dete steted above, et. 2
S A tate	61 0 6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
HIS I be s be p	8. Trade, profession, or particular kind of work done, as SPINNER, Richard SAWYER, BOOKKEEPER, etc.	Acute Cardiac Date of one of
VK—T should it may n back	9. Industry or business In which work was done, es SILK MILL, Miller	Dilitation
E sh t it	SAW MILL, BANK, etc  10. Dete decessed lest worked at this occupation (month end yeer)  11. Total time (years) spant in this occupation	
AGE So that ctions o	12. BIRTHPLACE (city or MARCAN Boons boro he	Other Cantributory Causes of Importance:
	(Stete or grantry)	Algh Story 1/2000
UNFAI supplied. n terms, ee instru	13. NAME Croin & Namanglar	
ff U sul in t	4 14. BIRTHPLACE (city or town) Source Crack Ma	Yeme oI operation Date oI
IIIy plai	(State of county)	What test confirmed diegnosis? Was there an europsy?
W refu in ant	15. MAIDEN NAMELLING E HOR	23. II deeth was due to externel causes (VIOLENCE) fill in also the Iollowing:
INLY, be car EATH import	16. BIRTHPLACE (city or town) Rocky State or country)	dident, suicide, or homicide? Date of Injury, 19
be EA im	have 9. Daniel Care	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
PLA hould OF D	17. INFORMANT (Address)	opening whether many occurred in interest in nome, or the Public Place.
	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
- m	Plece Date 193	Neture of injury
-WRI matior CAUS TION	19. UNDERTAKER S & Duncard Co	24. Wes disease or Injury In any way related to occupetion of deceesed?
B.	(Address) Arabiy will, man	Il so, specify
z ( )	20, FILED NOV. 14, 1933 AVA Seelier Registrar.	(Signed) (Address) San A Saida Sun
		2411 N. Charles Street, Baltimore, Requesting U/S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

of of occ	County 4	I ashine	ton	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Registra
	Village or Cit	y Hichli	eld	,	No
t w	Length of reside	ence in city or town whare	daath occurred		death occurred in a hospital or institution, give its N
D. Every SICIANS tatement	2. FULL NAV	110	Viola	0'60	mell
SIC at	(a) Residence	e: No. 3208 C	hester (Usual place of	field a	ve St., Ward. Ball
ECORI PHYS	PERSONA	L AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFIC
VT RE LY. Ex	3. SEX	4. COLOR OR RACE		(write the word)	21. DATE OF DEATH (Month)
IANEN A C T I	5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced	Edward	Clonnell	22. I HEREBY CERT
ERN EX cla	C DATE OF BIRTH /-		7 - 2 7	16 ng	I last saw h. A. elive on Mou
PE d E rly cate	6. DATE OF BIRTH (n 7. AGE Years		Oays .	If LESS than	to have occurred on the date stated above, at
IS A PE stated E properly certificate	>	4 2	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related wara as follows:
he st be po of ce	8. Trade, profass kind of wo SAWYER, I	ion, or particular rk done, as SPINNER, BOOKKEEPER, etc.	Pulmonary Tr		
c—Thould may back					
E sh t it	0 10. Date deceesed		11. Total tir	ne (years) t In this pation	
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city	460	Othar Contributory Causes of importanca:		
FA] ied. ns, stru	(State or count	n) mar	yeard		
	13. NAME WA	eliam /	enella		
y ain	14. BIRTHPLACE ( Stata or c		rylan	d_	Name of operation
	置 15. MAIOEN NAM	E Loma S	eicel		23. If death was due to external causes (VIDLEN
INLY, W be carefu EATH in important	15. MAIOEN NAM	city or town) Ba	Etimor	Q	Accident, suicide, or homicide?
NE be car	∑ (State or c	country)	anylas	ad	Whara did injury occur?(Specify o
A D G	17. INFORMANT	208 Chestes	O' Com	Balto	Specify whethar injury occurred in INDUSTRY,
40	18. BURIAL, CREMATIO	ON, OR REMOVAL	71		Manner of Injury
-WRITH mation ( CAUSE FION is	Place	Clemore.	Date VIOU	22,19.3.5	Neture of injury
-WRIT mation CAUSI TION	19. UNOERTAKER	Palter 9 (	rove		24. Was disease or injury in any way related to
B	(Address)	Jayneblo	to Da	2 4 -	If so, spacify
z (T)	20. FILED. 1. 47072	22,19 /3/1	Rocal	Registrar.	(Signed) Yaux So (Addrass) State Sa

Registration Dist. No. 306
NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) /ds. How long in U.S. if of foraign birth?yrsmosds.
mell
ve St., Ward. Baltimore  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH  November 22, 1933  (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended deceased from  1933, to 100 22, 1933  I last saw h. 22 elive on 1933, to 21, 1933; death is said to have occurred on the date stated above, at 6.25 12.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
wara as follows:  Oste of one of Mary 1933
Othar Contributory Causes of importanca:
Name of operation Date of What tast confirmed diagnosis? X-Ray Was there an autopsy? 23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide? Oate of Injury, 19
Whara did injury occur?
Manner of Injury  Neture of injury
24. Was disease or injury in any way related to occupation of dacaased?  If so, spacify  (Signed)  (Addrass) State Sanatorium M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1 DEC 4 1003 11			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. KARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	171
1. PLACE OF DEATH	82:00	1
County Washington	Registration Dist. No.	2
Village or City 7 unkstown	NoSt.,	Wa
	death occurred in a horpital or institution, give its NAME instead of street and num-	
2. FULL NAME Sowoth Shows	in the state of th	
(a) Residence: No. + mukstrum md (Usual place of abode)	St, Ward.  If nonresident give city or town and Ste	ite
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 17	93 <b>3</b> (Year)
a. If mberied, widowed, or directed HUSBANO of (or)  (	22. November 12, 1932, to Movember 17.  Hast saw h invalive on November 16, 1933;	., 193
AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated abova, at 8.5A,-m.	leath is s
63 9 4 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ate of on
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration from the angle of the control of th	P A A A I A	Nov
Industry or business in which work was done, as SILK MILL. Quitourbile Factory.	Ocrebral apoplexy	12,
10. Date deceased last worked at this occupation from the pear year) 11. Total time (years) spent in this occupation occupation occupation		93
2. BIRTHPLACE (city or town) Tunkstown	Othar Coutributory Conses of Importance:	
(State or country) Ci ash Go. Md.  13. NAME Thomas Isborace	arterioclerous y Ayper-	2
14. BIRTHPLACE (city or town)	Nama of operation Oate of Oate of	~
(State of country) was a. co. ma.	What test confirmed diagnosis? Was there an au'o	psy?_
15. MAIOEN NAME May Simple  16. BIRTHPLACE (city or town) Tunkstonn	23. If death was due to extarnal causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicida? Oate of Injury	., 19
7. INFORMANT Mrs. Enjoy Phleiges	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE	
B. BURIAL, CREMATION, OR REMOVAL Place Turkstorm Md. Date Nov. 19, 19.3.2	Manner of Injury	
O. UNDERTAKER J.M. J. Coast & Soy (Address) Barriel Son Mid	24. Was disease or injury In any way related to occupation of deceasod?	20
D. FILEO //-/7-, 1933 & Harff Bours	(Signed) Antell Mile.	N

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7. S. No. 1

1. PLACE OF DEATH  County. Wallings or City. To wall the property of the country	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City To August 1987 (Ill death occurred in a bopist or institution, give in NAME intend of steet and number)  Length of residence in city ordern where death occurred. The mes. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the most of the date stated above, at the most of the mo	1. PLACE OF DEATH	1,1411
Village or City To August 1987 (Ill death occurred in a bopist or institution, give in NAME intend of steet and number)  Length of residence in city ordern where death occurred. The mes. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The mos. ds. How long in U.S. If of foreign birth? The most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the date stated above, at the most of the most of the most of the date stated above, at the most of the mo	County Washington	Registration Dist. No
Length of residence in city or sown where death occurred.  2. FULL NAME  (a) Residence No. 42		No. Warles Co. Conclat St. 3 Ward
(a) Residence: No. 4		
PERSONAL AND STATISTICAL PARTICULARS  3. EX  4. COLOR OF RACE  S. SINCIE, MARRIED, WIDOWED, OR DIVORCED Cyclic the wordy OR DIVORCED Cyclic the word word one as SIMM No.  A Frade, picfession, or particular OR Divorce per Sychia OR DIVORCED Cyclic the word word one as SIMM NO.  OR DIVORCED Cyclic the word word as SIMM NO.  OR DIVORCED Cyclic the word word as SIMM NO.  OR DIVORCED Cyclic the word word as SIMM NO.  OR DIVORCED Cyclic the word word as SIMM NO.  OR DIVORCED Cyclic the word word as SIMM NO.  OR DIVORCED Cyclic the word word word word word word word word	2. FULL NAME William Ceter	sow.
PERSONAL AND STATISTICAL PARTICULARS  3. EX  4. COLOR OF RACE  5. SINGLE MARRIED, WIDOWED  OR DIVORCED Consists winds  OR DIVORCED Consists winds  10. List saw h  10. List saw h  11. List saw h  12. BIRTIPLACE (city or town).  (State or country)  Experience  (Sinter or country)  (Sinter or country)  Experience  (Sinter or countr	(a) Residence: No. 42 4 Glarge	St., Ward.
3. EX	(Usual plike of abode)	
So. If married, widewards at different words with the state of the sta		
## AUSBAND of GOLDEN GRAND SELLAND SEL	Male white marries	193 30
T. AGE Years Months Days IILESS than I day, his. or hi	HUSBAND of O.	11/18 ,1933,10 //18 ,1933
State or country    Stat	6. DATE OF BIRTH (month, day, and yeer) Der 21/90/	I last saw helive on
Strade, profession, or particular gind of work done, as SPINNER, Park BookkEPER, etc.		
8. Frage, polession, or particular find of work done, as SPINNER, but work was done as SPINNER, but work was done, as SPINNER, but was done to with a spinner was done as SPINNER, but was done to work was done to with a spinner was done as SPINNER, but was done to work was done to with a spinner was done as SPINNER, but was done to work was done to with a spinner was done as SPINNER, but was done to work was done to with a spinner was done as SPINNER, but was done to work was done to with a spinner was done as SPINNER, but was done to work was done to with a spinner was done as a spinner wa		( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town)	8 Frade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.	Gun stot wounds & elect
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)	a Industry or business in which work was done, as SILK MILL, W. O. W.	
Other Coatributory Causes of importance:  12. BIRTHPLACE (city or town)		and ardonnen accidental
(State or country)    13. NAME   Accident   Date of	12 RIPTHPLACE (city or town) Erwin	Other Contributory Causes of importance:
Whet test confirmed diagnosis?  Was there an au'opsy? Mag.  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  Where did injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER  Was there an au'opsy? Mag.  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occurr?  Where did injury occurr?  Where did injury occurr?  Manner of Injury  Neture of injury  19. UNDERTAKER  Office of the public of th		
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17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  (Add	(State of Country)	Whet test confirmed diagnosis? Was there an au'opsy?U
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 62 4 Secret Street Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 62 4 Secret Street Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 62 4 Secret Street Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 62 4 Secret Street Specify Secret Street Specify Specify Specify Secret Street St	15. MAIDEN NAME Wartha	0.121 117 2 22
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18. BURIAL, CREMATION, OR REMOVAL  Place Companies there Date  19. UNDERTAKER CALLS COMMENT AND A CONTROL OF SECURITY SECURITY OF SECURITY SECURITY SECURITY OF SECURITY SECUR	(State of country)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL  Place Cregation Date		Specify whether injury occurred in INDUSTRY, in HUME, OF IN PUBLIC PLACE.
Place Companie a large Date, 1953 Neture of injury  19. UNDERTAKER EMELLER FORM 24. Was disease or injury in any way related to occupation of deceased? He can specify (Signed) Fisher Companies (Signed) Fisher (Signed) Fisher (Signed) Fisher (Signed) Fisher (Signed) Fisher (		Manner of Injury Gundslept wounds
(Address) The gentle of the state of the sta		
20. FILEO /1-10/336 hast Bower to (Signed) Pulmed Deef fee Coroner M. D.	19. UNDERTAKER EMSLETER FOORS	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO / 1900	(Addiess) Dagerchowy Geld	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

madely

PHYSICIANS should state N. B-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF	Manla:	atom.		(186-a)	Dogiotaction Pict	N. 30-	7 .
County	JOSMIN	4-1-0-Kr			Registration Dist.	No.	·
Village or Ci	ity Cean for	<i>52</i> .		death occurred in a hospital or instit	tution give its NAME inch	St.,	Ward
Length of resid	dence in city or town where	death occurred		ds. How long in U.S. if			
2. FULL NAI	WE \\ 0 2/ 200 0		J. K	201			
	No.	1		7ev.			
(a) Residen	ce: No. LCCLY	(Usual place o	f abode)	St., Ward.	If nonresident give	city or town and State	
PERSON	AL AND STATIST	-		MEDICAL C	CERTIFICATE OF		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH	D := 0	1	3
Male	VY G.Ye	mary	. \		(Month)	(Oay) (93	(Year)
5a. If married, widow HUSBAND of	ed, or divorced						
(or) WIFE of	Emm	~ a.		22. HEREB	Y CERTIFY,		
1-1	7	0	10110		77 -		1927
7. AGE Year	month, day, and year)	uly 2 2	If LESS than	I fast saw hz		4, 19.7.7.; dea	ith is said
7. AGE 188	_	Days	1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF OEA		.m.	
1	8 3	1 34	ormin.	were as follows:	ETT GIR TGIGTOR CARSES OF	· · · · · · · · · · · · · · · · · · ·	te of onset
8. Trade, profes	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	2 Ya.			1-1-101	p	
SAWYER,	BOOKKEEPER, etc	(.967.121.2)	X.:	moun four	wind toth	down	1/23
work was	business in which done, as SILK MILL, L, BANK, etc			steins of	Trond)		
O To. Date decease	ed last worked at pation (month and	11. Total timespani	ne (years) t in this pation B. Q. U.S.				
	Haas	see donne	1	Other Contributory Causes of imp	portance:	_	
12. BIRTHPLACE (cit (State or coun		5x 2 1000 4	•	Torressor -	raine		, and
13. NAME \_	David Pi	Hinger					
T N PIDTUDI ACC	(city or town) \as	w.	on.	Name of operation		Data of	
14. BIRTHPLACE (State or	,	n 0		What test confirmed diagnosis?			eu?
15. MAIOEN NAI	ween ava	Sp: ale	V	23. If death was due to external ca			sy !
15. MAIOEN NAI	(city or town) Fa:	1 7		Accident, suicide, or homicide?			10
State or	country)	md.		Where did injury occur?		n mjury,	13
C	OUL DP	H.		Specify whether Injury occurred	(Specify city or town	, county and State)	
17. INFORMANT (Address)	Hagers	111ndes		Specify whether injury occurred	m moosiki, m nome, i	I III PUBLIC PLACE.	
18. BURIAL, CREMAT		O W. HIC	0	Manner of Injury			
Place D. T.	padfording	Oate NOV	18 ,1933	Nature of Injury			
19. UNOERTAKER	1.K. Coxx	Wan		24. Was disease or injury in any	way related to occupation	of deceased?	N
(Address)	Hager	s town	ms	If so, specify	m 11		
20 EUED HOST	178 224	10 Of Brough	Pakas	(Signed)	Sulla	Z	M.
AU, FILEU/. LU.D.	4. L., 19 J. MOTT		Registrar.	(Address)	108	12/	

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H UEC 8 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF	DEATH
DEATH.			

1. PLACE OF DEATH		92-0
County Washington		Registration Dist. No. 30 3
Village or City Near Clean	rspring	Nn State Highway St W
Length of residence in city or town where dea	1/1	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign blrth?yrsmos
2. FULL NAME Mollie	F. Powers	
(a) Residence: No. Near Cl	learspring (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female White s	or DIVORCED (write the word)  Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of John Wil:	liam Powers	22. I HEREBY CERTIEN, That I attended the coased of the coase of the c
Tree and the second	arch 26, 1859	Alast saw h. La aliva on 100 / 1 1953; death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 7.4. 7	Days   If LESS than 1 day,hrs	to have occurred on the date stated above, at Light Lm.
	ormin.	wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Home Work	1 / Dece
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Hart dissease 10
10. Date deceased last worked at this occupation (month and year) occupation (control occupation oc		
12. BIRTHPLACE (city or town) Frankl (State or country) Pa	in County	Other Contributory Causes of Importanca:
# 13. NAME Unknown		
14. BIRTHPLACE (city or town) Unkn. (State or country)	o.wn	Name of operation Date of Date of What test confirmed diagnosis? Was there an aulopsy?
# 15. MAIDEN NAME Unknown		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury, 19
(State or country) Unkn	own	Whera did injury occur?
17. INFORMANT John W. Pow. (Address) Near Clears		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury
Placa Cles.rspring, M.	dosta NOV . 11 ., 19 3	Nature of Injury
19. UNDERTAKER Fred W. Kra. (Address) Hagerstown,	iss,	24. Was disease or injury In any way related to occupation of decaased?   If so, specify
20. FILED NOV 11, 19 33 J.	W Munay	(Signed) Flatter V. Erry
If more bl		r, 2411 N. Charles Street, Ballimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

r t r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	94.6
of CC	county Washington	Registration Dist. No. 36 2
	Village or City Magex Stown	No. 149 So. mulberry St. 3 Ward
= 0	Length of residence in city or town where death occurred 30 yrs 0 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
Every STANS ement	N A C (2) 1'	ds. How long in U.S. if of foreign birth?yrsmosds
2 2	2. FULL NAME 1) au il 5. Wector	3 "
	(a) Residence: No. 144 50 May 4. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
DING ANENT A C T L )	Male While married	(Month) (Day) (Year)
NDING RMANEN X A C T I	5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That I attended deceased from
ND RMA X A class	(or) WIFE of Liken.	1 pr. 25 1933 to her. 28 1933
	6. DATE OF BIRTH (month, day, and year) Sauge 9 - 1864	I last saw h alive on Nov 26-33, 19 death Is said
R A I	7. AGE Years Months Days IT LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
FOR B IS A PE stated E properly certificate	07   0   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
	8. Trada, profession, or particular kind of work dona, as SPINNER, Development SAWYER, BOOKKEPPR, etc	LL N. T.
VE	A 9-Industry or business in which	My fellowin distalls
SERVI Should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	<i>Q</i>
of the to	Spontin this I am	
NEGIN RES NFADING I pplied. AGE erms, so that instructions o	8 1 111	Other Contributory Causes of Importance:
ADING AG. AG. AG. AG. AG. AG. AG. AG. AG. AG	12. BIRTHPLACE (city or town) MOSC COOL	Coronary Menulasis -
ARGIN JNFADE pplied.	E 13. NAME Silahananton Rost	4
	13. NAME Sight anguston Rector  14. BIRTHPLACE (city or town) Buck wood	Name of operation
	(Stata of country)	What test confirmed diagnosis? Was there an au'opsy?
WY efull in p	15. MAIDEN NAME NO Record	23. If death was due to external causes (VIOLENCE) fill In also the following:
	15. MAIDEN NAME WO Record  16. BIRTHPLACE (city or town) - 1	Accident, suicide, or homicide? Date of injury, 19
	(Stata or country)	Where did Injury occur? (Specify city or town, county and State)
4 PO A	17. INFORMANT & New Yest or	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
PLA should OF D	(Address) X CA CYSYOWY, THE	
	Place Magers Kown. Rud Date 1 7 28, 1933	Manner of injury
-WRITE mation s CAUSE TION is	IK Cuxland	
FOR T	(Address) Hagers town www	24. Was disease or injury In any way related to occupation of decaased?
N. B.—	20. FILED 1/-27- 1933 Chart Bowers	(Signad) Kelly Jamuay M. D.
> z (!)	Registrar.	(Address) / Logustons his
Dr Layman	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUREAU			
Other contributory causes of importance:	240"	Other contributory course of importance	
		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

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Cerebral hemorrhage	July 5,1927	Poritonitis	3 days ago	
MILERAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

and the second s	

			F MAR	YLAND-	CERTIFICATE OF DEATH	183	
1	L PLACE OF DEAT				93-0	400	
	County Wash	N EEODEDATE	R LIMITE SA		Registration Dist. No. 30		
	Village or City	dagersto	wn	(16	No. 110 E. North Street St. 4 death occurred in a hospital or institution, give its NAME instead of street and n	Ward	
	Length o1 residence in cit	ly or town where de	eath occurred	32 yrsmos	ds. How long in U.S. it of foreign birth?yrsmo	sds.	
2	. FULL NAME	Ida A. S	Schindel				
	(a) Residence: No.	110 E. N	Orth St (Usual place		St., 4 Ward.  If nonresident give city or town and S	State	
	PERSONAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
		r or race i te		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  November 23,  (Month) (Day)	1933 • (Year)	
5a.	II married, widowed, or divor HUSBAND of (or) WIFE of Mai	rtin L.	Schinde	el	22. I HEREBY CERTIFY, That I attended d		
6	DATE OF BIRTH (month, day	Feb	y. 11,	1851	last saw h	death is said	
_	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 1:30 Pm.	, death is said	
	82	9	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
z	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	rticular			myscarditis ch	Date of onset	
10			lome Wor	rk	alteriocelesocio	1932	
UPA	9. Industry or business in work was done, as S SAW MILL, BANK, e	Which SILK MILL,			Cardiac Silitation	11/23/33	
OCCUPATION	1D. Date deceased last wor this occupation (mor year)	ked at oth and	11. Total ti sper octu	me (years) it in this pation			
12	BIRTHPLACE (city or town).	Hagers	town		Other Contributory Causes of Importance:		
14	(State or country)	Md.					
ER	13. NAME Cornel	lius Art	72			*****	
FATHER	14. BIRTHPLACE (city or to	wn) Washi	ngton (	County	Name ol operation Oate of	************	
_	(State or country)		Md.		What test confirmed diagnosis? Was there an au	opsy?	
HER	15. MAIDEN NAME Ca.				23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOT	16. BIRTHPLACE (city or to	wn) Washin	ngton Co	ounty	Accident, suicide, or homicide?		
17.INFDRMANT Hubert Schindel, (Address) Hagerstown, Md.					Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, DR REMOVAL					Manner of Injury		
	Place Hagers	town, Md	Date NOV	25,19 33	Nature of injury		
					24. Was disease or Injury In any way related to occupation of deceased?		
20.	FILED //-25-, 1	,33 6h	ast, B	Registrar.	(Signed) H. a. Porterfield (Address) 136 W. Washington	M. D.	

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 11454
County ( aahington	59
(2)	Registration Dist. No. 30.5
Village or City Jacker (reck	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Sophia Sc	cott
(a) Residence: No. Blance Creek	St., Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
- enale white married	(Month) (Dev) (Year)
5e. If merried, widowed, or divorced HUSBAND of	
HUSBAND OF Donnel Cu: Scott	22. I HEREBY CERTIFY, That I attended deceased from may 2, 1928, to MW. 6, 19,33
6. DATE OF BIRTH (month, day, and year) February -2,5- 1866	I last saw h la alive on Rov 4 , 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2
/_ 7 8 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Housele	Julta Mall for
9. Industry or business in which	wasaus (Macana)
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and)	
this occupation (month and 930 spent in this occupation 454)	Other Contributary Causes of Importance;
12. BIRTHPLACE (city or town) Downstill	Other Cosalisates of Importance.
(State or country) Wash. Co. Md.	
13. NAME Songe Sundu  14. BIRTHPLACE (city or town) Downswille	
14. BIRTHPLACE (city or town) Doundville	Name of operation Date of
(State of country) Wash, Co. Ma.	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth Smith  16. BIRTHPLACE (city or town) Lappans	23. If death was due to external causes (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Luly baus	Accident, suicide, or homicide? Date of injury, 19
(State or country) Wash. Oc. md.	Where did injury occur?
17. INFORMANT David Tu: Scott	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Smithstrum Md. R. 2	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Slave Vick Date / OU: 8: ,1933	Nature of injury
19. UNDERTAKER Dig 3. Bast 4 Soy	24. Wes diseese or injury in any way related to occupation of deceased?
(Address) Bourslow Md.	If so, specify
20. FILED 1100: 7. 1933 (1) Olians 2 18 00 X	(Signed) Bat Refueever M.D.
Kegistrar.	(Address) - Shallttaleur & Dist
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u>                                     </u>

V. S. No. 1

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STATE OF MARTLAND	CERTIFICATE OF DEATH	(.)
1. PLACE OF DEATH	(45=01)	
County Washington	Registration Dist. No. 30 2	->
Village or City Haudstour, - Mach.	Cate. He Lital St. St. death occurred in a hospital or institution, give its NAME instead of street and numbe	Ward
Length of residence in city or town where deeth occurredyrs,mos		
2. FULL NAME Mary Shauk (a) Residence: No. Cloud and will Ma		
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	HONOR CONTROL OF
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Terrale Chaite Married Married	Nov. 27 193	3. Year)
54. If married, widowed, or divorced HUSBAND of (or) WIFE of Melun Shark	22. I HEREBY CERTIFY. That I attended decease Nov. 18 1933, to Nov. 27 1	sed from
6. DATE OF BIRTH (month, day, and yeer) 7, -7- 1916	I last saw han alive on Nov 2 , 1933 ; deat	th Is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at 4.7m.	
17 1 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	-1
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Uate	ofonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (months and	Haste myorarditio	
10. Date deceased last worked et this occupation (months and year) 11. Total time (years) spent in this occupation occupation	J	
12. BIRTHPLACE (city or town) Boarsboro (Stete or country) The Care Care Med.	Other Cantributary Causes of Importance:	e.,
	A	
14. BIRTHPLACE (city or town) Clevel and will	Name of operation	
(State of country) Cash. Co. Md.	What test confirmed diagnosis? Was there an au'opsy	/?
I 15. MAIDEN NAME Phylic Charley.	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Dellie Ashbangh.  16. BIRTHPLACE (city or town) Plan Funksthise  (State or country)	Accident, suicide, or homicide?, 1  Where did injury occur?, 1	9
17. INFORMANT Melvin Shank (Address) Bernshop Md. R.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL Place Julieston Md. Date New . 30 , 1933	Manner of injury	
19. UNDERTAKER TUM J. Bast & Loy. (Address) Bourston Md.	24. Was disease or injury in any way related to occupation of deceesed?	
20. FILED 11-30-, 1933 Chart, Cowers, Registrar.	(Signed) . Wi Wellan	M. D.

CEDTICICATE OF DEATH

CTATE OF MADVIAND

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

	STATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	3.8		
1. PLACE OF	DEATH			(82-0)	)1)		
County Wa.	shington William	sport	Md	No. 105-8, Permont St., Ward			
Length of resider	James F	death occurred 1	Oyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number  sds. How long in U.S. if of foreign birth?yrsmos			
(a) Residence		(Usual place	(111)	St., Ward.			
PERCONA	L AND STATIST			If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH			
	color or race white	5. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH NOV. 23, 1933	(ear)		
5a. If married, widowed, HUSBAND of (or) WIFE of	or divorced Lida Mil	ler		22/ I HEREBY CERTIFY That I attended decees			
6. DATE OF BIRTII (mo	onth, day, and year) Ma	rch 15,	1865	I lest saw ham elive on nov. 19, 1933; deat	h is said		
7. AGE Years 68	Months 8	Days 8	If LESS than I day,hrs. ormin.	THE PARTIE AL CAUSE OF DEATH and related causes of importance	olonset		
9. Industry or bus work was do SAW MILL, 1D. Date deceased	k done, as SPINNER, DOKKEEPER, etc	annery	ime (years 10 nt in this upation	Other Contributory Causes of importance:	19-33		
12. BIRTHPLACE (city of (State or country)	y)	ric Co	Md	arteral eclerosis			
13. NAME N 14. BIRTHPLACE (c (State or co				Name of operation	?		
15. MAIDEN NAME Mary Suman  16. BIRTHPLACE (city or town) (State or country)  Mrs Lida Shrawyer  17. INFDRMANT (Address)  Williamsport Md				23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
18. BURIAL, CREMATION, OR REMOVAL Prace Williamsport MdDate Nov 26, 1933			26 ,1933	Manner of injury			
Albert Leaf  19. UNDERTAKER Williamsport Md			/ /	24. Was disease or injury in any way related to occupation of deceased?	/		
20. FILED Nov.	25,1933 6.	G. Riv	Karal Registrar.	(Signed) The Colored Colored (Address) Winepork Mah.	M. D.		
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1288

County Manual Co	nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Willingame Bity Length of residence, and you found whate deepth occurred  Yell and becaused in a hospital or institution, give its NAME intend of street and number)  Length of residence, and you found whate deepth occurred  Yell and because of institution.  Yell and because of	5	1. PLACE OF DEATH	13
Langth of residence, acity or town whate depth occurred yets. It was all the word of the w	tem of should of OCC	Willage or Bity Clear Olving hed.	No. St., Ward
DUCKED With a property of the	Every ICIANS tement	2. FULL NAME Lea atharine de (a) Residence: No. Near Clear Officera Me	ds. How long in U.S. if of foreign birth?
DUCKED With a property of the	O H t		
Solution of Birth (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS then to have occurred on the data stated above, at H And.  The PRINCIPAL CAUSE OF DEATH and related causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was as follows:  S. Trade, profession, or particular causes of importance was caused as follows:  S. Trade, profession, or particular causes of importance was caused as follows:  S. Trade, profession, or particular causes of importance was caused as follows:  S. Trade, profession, or particular causes of importance was caused as follows:  S. Trade, profession, or particular causes of importance was caused in the particular causes of importance was caused in this occupation of the cause of importance:  S. Trade, profession, or particular causes of importance was caused of importance was caused in this occupation of the cause of importance was caused in this occupation of importance was caused of importance was caused in this caused.  S. Trade, profession, or particular causes of importance was caused in this occupation of occupation of interval causes of importance was caused in this caused.  S. Trade, profession, or particular causes of importance was caused in this caused	EA	OR DLYORCED (perite the word)	100 M 1933
TAKE Years Months Days If LESS then I days hatsed above, at H. Car.  I days has been been been been been been been bee	MANE ACT assified	HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from
SHALL DANGE AND	G MM F	7. AGE Years Months Days I LESS then	1150
AND STATE OF THE PLACE (city or town).    State or country	- 70	0rmin.	
12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL Mass   19. UNDERTAKER Michael	RVEL THIS		in type cogo
Name of operation.  Date of	RESE) NG INK AGE sho that it i	year) occupetion	Other Coutributory Causes of importance:
Name of operation.  Date of	SGIN FADII lied. ms, so structi	(State or country)	
23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Dete of injury.  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (Stete or country)  17. INFDRMANT.  (Addrass)  18. BURIAL, CREMATION, DR REMOVAL  Place  18. BURIAL, CREMATION, DR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILEDON 24, 19.83  10. Manually  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	sup in to	14. BIRTHPLACE (city or town)	
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, DR REMOVAL  Place  Thank, Wastern  Date  19. UNDERTAKER Specify  (Address)  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Manner of Injury  24. Was disease or injury In any wey related to occupation of deceased?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify whether Injury oc	WIJ full n pl	15. MAIDEN NAME / Fortha Way Daley	23. If death was due to external causes (VIOLENCE) fill in also the following:
Place Hand, Notein Date // - 25 , 1933 Natura of Injury  19. UNDERTAKER Pichard M. Connact.  (Address) Cleaning Med.  24. Was disease or injury In any wey related to occupation of deceased?  (Address) Cleaning Med.  20. FILED OF 24, 19.83 L. W. Menskey  (Signed)  (Address) Clean Official Medical Medic	INI be EAT	0662	Where did injury occur?(Specify city or town, county and State)
(Address) Cleansping Med.  If so, specify  (Signed)  (Address) Clean Thing Med.  (Address) Clean Thing Med.  (Address) Clean Thing Med.  (Address) Clean Thing Med.	E S E	(Addrass)  18. BURIAL, CREMATION, DR REMOVAL Miles.	
20. FILED 20. 190 Registrar, (Address) lear Oping Mid	3.—WR matic CAU		24. Was disease or injury in any wey related to occupation of deceased?
	vi z	O - Frank Registrar	(Address) lear offing med

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

ARGIN

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Dete of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	1459
of infor-	1. PLACE OF DEATH	93.0	1 100
F)	county Washington	Registration Dist. No. 3	021
item of should of OCC	and the state of t	11) 5 (50.11) 1 15	71
sh of	Village or City YQ Q OX 5 YO W M.	f death occurred in a horpital or institution, give its NAME instead of street and	Nard
t S. Y		ds. How long in U.S. if of foreign birth?yrsm	
Every CIANS ement	2. FULL NAME GUNG. Smith		
RD. Every YSICIANS statement	10000	2 11-1	
RD YS st:	(a) Residence: No. The Stuffed Wyg (Usual place of abode)	Ward.  If nonresident give city or town and	State
RECORD, Every PHYSICIANS Exact statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (write the word)	VWY LO	, 193
ING NENT CTL sifted.	5a. If married, widowed, or divorced	(Month) (Day)	(Year)
BINDING ERMANEN EXACTI y classified.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended	deceased from
ND X A X A class	VIII Vam	Hovember 9, 1933, 10 November	13,19.33
SIN ERRE EX cl	6. DATE OF BIRTH (month, day, and year) - 2 1851	I last saw her elive on Forember 12, 1933	.; death is said
- n	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 non-	
FOR IS A stated proper ertific	82 9  1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
F IS	9 Yeards profession or portionles	wate as tottows.	Date of onset
HIS be be of of	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	10	*
RVE COULD	9. Industry or business in which	(shrowe) Mine ordone	2
VK-T should it may n back	79. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc	The state of the s	*
INI INI S st I it	10. Date daceasad last worked at this occupation (month and year)	0	-
RESERVED  NG INK—THIS  AGE should be that it may be too on back of	year) - 14.2.3 occupation	Other Contributory Causes of importance;	
Z 49	12. BIRTHPLACE (city or town) My Qx Sville	that dealistics, deales of importance.	
AD AD	(State or country)	Hypertension Vasterio-	7
HARGIN ITH UNFADI Illy supplied. plain terms, so	# 13. NAME Sound Dutrow	1 selerosio	2
The se	13. NAME Soul DUTTOWS  14. BIRTHPLACE (city or town) Mul. CX Syills	Nertoe of operation	V
70	(State or country)	What test confirmed diegnosis? Was there an a	minney M
X, WITI carefully IH in pla	15. MAIDEN NAME LAAD COLVERY	23. If death was due to external causes (VIOLENCE) fill in also the following	
refu lin tant	15. MAIDEN NAME (M. Q. ) Very Derce V	Accident, suicide, or homicida?	
	16. BIRTHPLACE (city or town)	Where did injury occur?	, 13
AINLY, WI DEATH in p	Ma Bligger M Similar	(Specify city or town, county and Stat	le)
PLA hould OF D	17. INFORMANT VV GOOD STORM VI SCHOOL STORM VI	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	18. BURIAL CREMATION, OR REMOVAL	Menner of Injury	
	Place My ex & ville My Dete YMY 15 1933		
-WRITE mation s	TKOL	Nature of injury	N
TEGH	19. UNDERTAKER 1.1	24. Was disease or injury in any way related to occupation of decdased?	160
Š Š	(Address) Legle V Stown. Mu	If so, specify	
w .	20. FILED /1-14-1933 6 MM/ Bowerd,	(Signed)	/M. D
7 2 00	Registrar.	(Address) Hagerstown Ino	4
Wally	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH		(1/40)
County Washington		Registration Dist. No. 302
Village or City Hagerstow	Ω	No. 120 S. Potomac Street St. 3 Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
		near 1 and 1
2. FULL NAME Max E. Sm		2
(a) Residence: No. 120 S. Po	COMAC Street (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Married	21. DATE OF DEATH November 27, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Mary O. S	mith	22. I HEREBY CERTIFY, That I attended deceased from 1920, to 100 27, 1933
6. DATE OF BIRTH (month, day, and year) June	2, 1879	I last saw burn alive on NN 27 ,19 33; deeth is sald
7. AGE Years Months 54 5	0 Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, a6 - 5 OA m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Cigar Maker SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and spent in this		Cyclic condition in lungs MA dense 1904 addensity over most of lung except upper left by H. causing depend or your of a bloods death by asyphisis
12. BIRTHPLACE (city or town) Hagersto (Stata or country) Md.	occupation	Dther Contributory Causes of importanca:
13. NAME Samuel E. Smith		
14. BIRTHPLACE (city or town) Hagers (State or country) Md.		Name of operation North Oate of What test confirmed diagnosis? Chinal Was there an au'opsy?
监 15. MAIDEN NAME Mary J. Rar	ndall	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hagerstown, (Stata or country) Md.		Accident, suicide, or homicida?
17. INFORMANT Mrs. Mary O Smith, (Address) Hagerstown, Md.		Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. oo.	na Nov. 28 , 19 33	Mannar of injury
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown, Md. 20. FILEO //- 21-, 1933 - 22.	HBowest Registrar.	24. Was disease or injury In any way resided to occupation of deceased?  If so, specify  (Signed)  (Address) / DWW and y +

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC - 0-1932	July 5,1927	Peritonitis	3 days ago	
	-UNEAT				
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

(Year)

BINDING

FOR

ARGIN RESERVED

of

DEATH

OF

pe

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 302 County Washington Village or City Washington Co Hospital Hamerstown Md (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred\_\_\_\_\_yrs.\_\_\_\_ mos. 4 ds. How long in U.S. if of foreign birth? yrs. mos. 2. FULL NAME George Milton Snavely Sharpsburg (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Nov. 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (swrites the word) white male (Month) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from Cora Hommond (or) WIFE of June 1st. 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 5. 15/ tf LESS than 7. AGE. Years Months Days 1 day, \_\_\_\_hrs. 22 The PRINCIPAL CAUSE OF DEATH end related causes of importance or \_\_\_\_ min. 8. Trade, profession, or perticular kind of work done, as SPINNER LAIL CONTRACT SAWYER, BOOKKEEPER, etc. Bled to death OCCUPATION Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc...... hauling Suicide by cutting blood vessls To Date deceased last worked at NOV 11. Total time (years) 15 in both wrists occupation .. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) Sharpsburg (State or country) Martin Eakle Snavely HER 13. NAME 14. BIRTHPLACE (city or town) Eakles Mill FAT Name of operation... Martha Ellen Show OTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_ 16. BIRTHPLACE (city or town) \_\_\_ Fairplay (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) 17 INFORMANT Mrs Bessie Fisher Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, (Address) -Sharnshurg Md 18. BURIAL, CREMATION, OR REMOVAL Menner of injury Nature of injury. 19. UNDERTAKER Alber 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Registrar.

(Signed)

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Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUZEAT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICAT	E OF	DEATH
----------	-------	--------	----------	------	-------

1. PLACE OF DEATH					(9	13-E)	-	
County Washing	ton	1100036313631				Registrati	on Dist. No.	002
Village or City Hager	stown	. Md.	(If	ND.	141 ed in a hospi	High ital or institution, give its NA	St.,_ AME instead of street as	Ward number)
Length of residence In city or town	where death	occurred	yrs,mos	ds.	How long	in U.S. if of foreign birth?	угs	_mosds.
	rlott High			St.,	5 Wai			
PERSONAL AND STA	TIETICA	(Usual place		4	MED	ICAL CERTIFICA	deat give city or town	
3. SEX 4. COLOR OR RA				21 0 47	TE OF D			1
Female White ORDIVORCED (write the word) Widowed			21. DA		Nov. (Month)	2 (Day)	, 193 3 (Year)	
5a. If married, widowed, or divorced	Soud	ers		22.		REBY CERTI	IFY, That I ettend	
6. DATE OF BIRTH (month, dey, and year	, Feb	. 11,	1847			alivo on Nov. 19		
7. AGE Years Mo	nths 9	Deys 9	If LESS than I day,hrs. ormin.	The PRIN	CIPAL CAU	ne date stated above, at 200 SE OF DEATH end related of		
9 Trade profession or particular			were as follows:  Date of o  Date of o		Date of onsel			
kind of work done, as SPINM SAWYER, BDOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.	L,							
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation occupation					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
12. BIRTHPLACE (city or town) (State or country) Adams	Coun	ty Pe	nn •	Other Con	flen	uses of importance:		
14. BIRTHPLACE (city or town) P	enn.					iagnosis? Chinds		
置 15. MAIDEN NAME Unkn	own					external causes (VIOL ENCI		
16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) Penn •			Accident, suicide, or homicide? Date of injury, 19					
17. INFORMANT Victor . (Address) 141 High			rstown Mo		hether injury	(Specify eit cocurred In INDUSTRY, Ir	y or town, county and in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place	g Cem	Date Nov	. 22,,,33	Manner of				
19. UNDERTAKER F39 N. K	raiss Potom	ac St.	/ -	24. Was dis		ery in any way related to oc	ccupation of deceased?	no
20. FILED //- 19830	367	rost	Bower Registrar.	- 1	- 1	any A. La	righting	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 3 2927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 3 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1 B ż

should state

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Cause.		nn.		Tay)	ion Dist. No. 3	> >
Village or (	THE PROPERTY OF THE PERSON OF	town, Md		No. 531 N. Mullberry		
Village of	uly	oo wii ja ma		death occurred in a hospital or institution, give its NA		Ward number)
Length of ras	sidence in city or town where	deeth occurred	yrsmos	ds. How long In U.S. if of foraign birth?	yrs	mosds.
2. FULL NA	ME James \	Villiam.	Spigler	•		
(a) Reside	nce: No. 531 N	Mullbe	rry	St., # Ward.		
` '		(Usual place	of abode)		dent give city or town as	nd State
PERSON	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICA	TE OF DEATH	
Male	4. COLOR OR RACE White		tRfED, WIDOWED, ID (write the word)	21. DATE OF DEATH  Nov  (Month)	29 (Day)	, 193 3 (Year)
5a. If married, widow HUSBANO of (or) WISE-of		e Spigle	er.	22. I HEREBY CERT	IFY, Thet I attende	d deceesed from
		July 22	1875	, to_		
7 ACE Va	(month, day, and yaar) ars Months	Devs	If LESS than	to heve occurred on the date stated above, at 4.		; death is said
58	4	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated		
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, ETC. SAWYER, BOOKKEEPER, etc. SAWYER, ET				Sun shat way	and the same of th	Date of onset
10. Date deceased last worked at this occupetion (month and year)  11. Total time (years) spant in this occupation			Olher Contributory Causes of importence:			
12. BfRTHPLACE (c (Stete or cou	ity or town) Pines entry) Washin	burg. gton Cou	unty, Md.			
f3. NAME	John	Spigler			*	
H 13. NAME John Spigler  14. BIRTHPLACE (city or town) (State or country) Washington County Md.			Name of operation Date of What test confirmed diegnosis? Was there an au'opsy?			
	AME Anna Farr					
15. MAIDEN NAME Anna Farrow  16. BIRTHPLACE (city or town) shington County Md.			23. If death was due to externel ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
f7. INFORMANT M	rs. R. O. C Hagerstown	ondon Md•		(Specify cit Specify whethar injury occurred in INDUSTRY, in	y or town, county and St n HOME, or In PUBLIC P	PLACE.
18. BURIAL, CREMA Place Hag	rion, or removal erstown Md.	Oata Dec	, 2 ,, 33	Mannar of injury		
f9. UNOERTAKER (Address)	Fred W. Kra Hagerstown	iss Md.		24. Wes disaase or injury in eny way related to or	corpation of deceasad?	
20. FILEO / 2-	1- ,1033 \$	tasto	Registrar.	(Signed) fully Duy	Lo ms	one wo
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S.	No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. E.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Low authorization & change Time of death see letterfil	1	IER STATEMENTS BY PHYSICIAN	11 . 1 . 1
	'lellenfeled	e lime of death see	sender nor ment

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82-2)
County Chashington	Registration Dist. No. 302
Village or City Laguston (1) ax	211 No. Co. Hasketal St. 3 Ward
(11	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos,ds,
2. FULL NAME Trace Delores St	angle.
(a) Residence: No. Jugo Md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sugle	21. DATE OF DEATH HOU, 19. 193.3
5a. If married, widowed, or divorced HUSBAND of	(say) (val)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
5000	1100- 11 ,19.33, to Word 19 ,19.33
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw here alive on Trove 18 ,1933; death is said
LL 6 1 day,hrs.	to have occurred on the date stated above, at \$5' \( \frac{5}{2} \) m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, p:ofession, or particular	were as follows:
SAWYER, BOOKKEEPER, etc.	
Industry or business in which	Acite Mederdilie
work was done, as SILK MILL, Cat House	- TULLO - TOUR - COLOR
Spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	0-4-4
(State or country) Wash, O.C. md.	Lalery Armes Grombosis
# 13. NAME Venneth Stangle	
13. NAME Veneth Stangle 14. BIRTHPLACE (city or town) Saketony	Name of operation Date of Nov. 15/13
(State or country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Noami J. Bussard.	23. If death was due to external causes (VIOLENCE) fill In also the following:
[State or country]	Accident, suicide, or homicide? Date of injury, 19
(State of country) Wash, VCO. 0 Ma	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT Lemeth Stangle (Address) Drego md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL ()	Manner of injury
Place 1 20 marra Date 100 121, 1933	Nature of injury
19. UNDERTAKER Dy Dast & Joy (Address) Down drop Md:	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 11-20-, 1933 Chaiff South Registrat.	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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DEC 6/1003			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones p	May 1,1923	Gastroenteritis	1 year

TION is vory important

B.—WRITE

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V. S. No. 1

state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH						
County Was	ington			Regi	stration Dist. No.	3024
	agerstown	1	(If	No. 881 Virginia	Ave. st.	Ward
				ds. How long in U.S. if of foreign	birth?yrs	mosds.
				Stottlemyer		
(a) Residence: I	o 881 Vira	ginia Av	e.	St., 2 Ward.		
		(Usual place	of abode)		onresident give city or Iown	
	AND STATIST			MEDICAL CERTIF	ICATE OF DEATH	H
Female White 5. SINGLE, MARRIED, WIDOWED. OR DIVERCED (write the word)				21. DATE OF DEATH (Morth		193 3 3
5a. If married, widowed, o HUSBAND of (or) WIFE of	divorced Infa	int		22. I HEREBY CER	RTIFY, That I atten	ded deceased from
6. DATE OF BIRTH (mon	, Nor	rember 1	5, 1933	I lasI saw h alive on	19	death is said
7. AGE Years	Months OO	Days OO	If LESS than 1 day,hrs. ormin.	In have occurred on the date stated above, and the PRINCIPAL CAUSE OF DEATH and release of ollows:		
8. Trade, profession,	or particular	T . C . 1		O		Date of enset
kind of work done, as SPINNER, Infant SAWYER, BOOKKEEPER, etc.				Xt-of P		
Mork was don	as SILK MILL			NICO Long		
SAW MILL, BANK, etc				& Zuontly fort	(00	
year) occupation  12. BIRTHPLACE (city or town) Hagerstown (State or country) Md.				Other Contributory Causes of importance:		
	0. Stott	lemver				
13. NAME John O. Stottlemyer  14. BIRTHPLACE (city or lown) Washington County (State or country) Md.				Name of operation		of
	earl Lumn	1		23. If death was due to external causes (VIOI		
15. MAIDEN NAME Pearl Lumm  16. BIRTHPLACE (city or town) Washington County (State or country) Md.				Accident, suicide, or homicide?		
17. INFORMANT John O. Stottlemyer (Address) Hagerstown Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, Place Hage	or removal stown	Date Nov.	16 ,1933	Manner of injury		
19. UNDERTAKER Fre	d W. Krai gerstown	ss Md,		24. Was disease or injury In any way related	to occupation of deceased	, 20
20. FILED//- 16	19.33-6	met fish	Registrar.	(Signed) (Address)	ather.	wd.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH  County Maskington  Village or City Med Smuthabourg  Length of residence in gily or town where death occurred  Length of residence in gily or town where death occurred  (If death occurred in a hospital or institution, give its NAME inseet of street an object of the country	
Village or City. Med. Smuthsburg (If death occurred in a hospital or institution, give its NAME instead of street an Length of residence in city or town where death occurred.  2. FULL NAME AMA Smart Structure (a) Residence: No. Near Smithsburg St., Ward.  (a) Residence: No. Near Smithsburg St., Ward.  (b) Length of residence: No. Near Smithsburg St., Ward.  (c) Length of residence: No. Near Smithsburg St., Ward.  (d) Residence: No. Near Smithsburg St., Ward.  (Unual place of abody)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Cumic the word)  ACMEDIA COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Cumic the word)  ADATE OF BERTH (month, day, and year) For O F G O  1. DATE OF DEATH  (Month) (Day)  22. I HER EBY CERT I FY, That I attend of work cone as SFINNER, Forme Dayle I fags, hrs., I fags,	1490
Length of residence in city or town where death occurred	26
Langth of residence in city or town where death occurred who are considered in the complete state of the compl	Ward
(a) Residence: No. New Smithsbury (Usual place of abody  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED, OR DIVORGED (survice the word)  OR DIVORGED (survice the word)  6. LIT married, widowed, or divorced  HUSBAND of (or) WIFE of Stace Slouffeb  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day. hrs. or. min.  7. AGE  Years  Months  Days  If LESS than I day. hrs. or. min.  7. AGE  No. AGE  No	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Winter Color of Wire of Wordow  6. If married, widowed, or divorced HUSBAND of Color with the word)  7. AGE  8. DATE OF BIRTH (month, day, and year)  8. Trade, profession, or particular kind of work done, as SPINNER, SAW MILL, SAW MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. IBRIPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  Maximum Advance  17. INFORMANT Frank, Meximum All Me	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED	
1. DATE OF DEATH    S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (warie the word)	id State
OR DIVORCED (write the word)  Without	
HUSBAND of (or) WIFE of Stack Slourfes  6. DATE OF BIRTH (month, day, and year) Hot 10 860  7. AGE Years Months Days If LESS than I day,	, 193.3 (Year)
6. DATE OF BIRTH (month, day, and year) Holy 10 860 7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME Dolu B Vewcommer  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME And B Vewcommer  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  Was there a 23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide?  17. INFORMANT Adult Place (Specify city or town, country and Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	d deceased from
TAGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME John B Name B Newcommen  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Frank, Newcommen  17. INFORMANT Frank, Newcommen  18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	J , 1933
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) spent in this occupation work was done, as SILK MILL, SAW MILL, BANK, etc.  12. BIRTHPLACE (city or town). New Samuthabush (State or country)  13. NAME Of M 3 Newcommer  14. BIRTHPLACE (city or town).  (State or country)  May Accident, suicide, or homicide?  15. MAIDEN NAME Name Samuthabush (State or country)  May test confirmed diagnosis?  Was there at 23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide?  (State or country)  May test confirmed diagnosis?  Was there at 23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide?  (State or country)  May test confirmed diagnosis?  Was there at 23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide?  (Specify eity or town, country and Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	3 death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Source Ducke 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Coatributory Causes of Importance:  12. BIRTHPLACE (city or town) Name of operation. Date of (State or country) Name of operation. Date of What test confirmed diagnosis? Was there a 23. If death was due to external causes (VIOL ENCE) fill in also the follow Accident, suicide, or homicide? Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  2. BIRTHPLACE (city or town) New Sunthasbury (State or country)  13. NAME Or Mark British Mewcommer  14. BIRTHPLACE (city or town)  (State or country)  Mark of operation  What test confirmed diagnosis?  Was there at 23. If death was due to external causes (VIOL ENCE) fill in also the follow (State or country)  Mark of injury occur?  (Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	Date of onset
Other Contributory Causes of Importance:   Other Contributory Caus	200
State or country   Marcon   Sark doll   Significant   Sark doll   Significant   Sark doll   Significant   Sark doll   Significant   Significant   Sark doll   Significant   Significan	
Other Coatributory Causes of Importance:  (State or country)  II. BIRTHPLACE (city or town)  (State or country)  May  II. BIRTHPLACE (city or town)  (State or country)  May  II. BIRTHPLACE (city or town)  (State or country)  May  May  May  May  May  May  May  M	
What test confirmed diagnosis? Was there a  15. MAIDEN NAME Name Barkdoll  16. BIRTHPLACE (city or town) (State or country)  When did injury occur?  (Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	2
What test confirmed diagnosis? Was there a  15. MAIDEN NAME Name Barkdoll  16. BIRTHPLACE (city or town) (State or country)  Where did injury occur?  (Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	
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Where did injury occur?  (Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	aulopsy?
Where did injury occur?  (Specify city or town, county and Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	ng:
7. INFORMANT Frank, Newcommer Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	, 19
7. INFORMANT Trank New Commer Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC	este)
	LACE.
18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury  Manner of Injury	
Place Nougher Cometor Date 12/3, 1933 Nature of injury	
19. UNDERTAKER Waller Garage 24. Was disease or injury in any way related to occupation of deceased?  (Address) Wayneston Pama If so, specify	Au
20. FILED Dec 1, 19 HD M. Flequery (Signed) (Address) (Address)	M. D

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County Virington	Registration Dist. No. 3 0 3
Village or City Clean Muning Med	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Malinda Summe	ds. now long in U.S. If of foreign birth?yrsmosds.
00	7/1.
(a) Residence: No. (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
fruide tolicte OR DIVORCED (write tha word)	(Month) (Day) (Yeer)
5a. If married, widowad, or divorced -HUSDAND-of-	, , , , , , , , , , , , , , , , , , ,
(or) WIFE of David Dunner	I HEREBY CERTIFY, Thet I attended dacaased from
6. DATE OF BIRTH (month, day, and year) Novo 13 2 1844	last saw h. Ex alive on Nor 10th 1923 dash is said
6. DATE OF BIRTH (month, day, and yaar) 10013-1844  7. AGE Yaars   Months   Days   If LESS than	I last saw h = alive on down 1903; daath is seid to have occurred on the date stated above, et 14 to 2m.
8a 3 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca
8. Trade, profession, or particular	wara as follows:
kind of work done, as SPINNER. Nouse Respon	Artoni Ar Von
9. Industry or business in which	
work was done, as SILK MILL, Whoree	
Spaint in this A	
year) occupation / Jan	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Md. (State or country)	
13. NAME Hury Drugder	
(Stata or country)	Name of operation
15. MAIDEN NAME Francis - My sens w	What tast confirmed diagnosis? Wish wese Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
I6. BIRTHPLACE (city or town)  (State or country)	Accident, suicida, or homicide? Date of injury
411 5: 0	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My Mery rydes (Addrass)	Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Henry of lating
Placa St. David Data 100/8,1983	Mannar of injury
Apld WKogises	
19. UNDERTAKER (Address) (Address)	24. Was disease or Injury In any way related to occupation of daceased?
20 5450 Nat 17 (23 0 th. Mr. 10	(Signad) MM Mich M.D.
20. FILED 100 / 1633 U. Maria and Resistrar.	(Address) Clear Horing Wed
If more blanks are needed, addren State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1

	F MARYLAND-	-CERTIFICATE OF DEATH	1495
1. PLACE OF DEATH		Registration Diet No. 30	1
County Washington .  Village or City Hagerstown		Registration Dist. No. 300  No. 1111 Virginia Ave. St., 4  (If depth occurred in a horpital or institution, give its NAME instead of street and not street a	Ward
2. FULL NAME Charles H	ath occurred yrs	osds How long in U.S. if of foreign birth?yrsmos	sds.
(a) Nesidence. No.	(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, WILLOWED (write the word)	21. DATE OF DEATH November 11 (Month) (Day)	, 193 <b>3</b> (Year)
5a. If married, widowed, or divorced HUSBAND of Anna Swain (or) WIFE of		22. I HEREBY CERTIFY, Thet I attended of	deceased from
6. DATE OF BIRTH (month, dey, end yeer) Aug 7. AGE Yeers Months 81 3	Deys If LESS than 1 dey,hr	to have occurred on the date steted above, at 11:30 A. M.	; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, Research SAWYER, BOOKKEEPER, etc		Atterio. 5 dorosis	Date of onset
I2. BIRTHPLACE (city or town) Prince ( (State or country) Md.	George County	Other Contributory Causes of Importance:	Soux
置 13. NAME John Swain			mas
Harther County  13. NAME John Swain  Prince George County  (State or country)  Md.		Name of operation Date of What test confirmed diegrations and the B. Was there en at	utopsy? H
15. MAIDEN NAME Ellen Anderson		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Ellen Anderson  16. BIRTHPLACE (city or town) Prince George County  (State or country) Md.		Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT Mrs. R. T. Stoubs (Address) Hagerstown Md.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Nov. 13, 1933		Menner of injury	
19. UNDERTAKER Fred W. Kraiss (Address) Hagerstown Md.		24. Was disease or injury in eny way related to occupation of deceesed?	
20. FILED //-/3- 1933 BRI	ef/10 our	(Signed)	M. E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Wash in glon	Registration Dist. No. 30 >
Village or City / dujentienon	No.483 miletel ave of & wa
Length of residence in city of town where deeth occurred. Sulves from	If death occurred in a horpital or institution, give its NAME instead of street and number)  State death occurred in a horpital or institution, give its NAME instead of street and number)  Modern death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME man amere chier 1	Risson of A Proposes
(a) Residence: No. 4 63 muches un	6 W
(Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Zm 25 33	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at the control of the date steted above, at the control of the contr
2/ 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and year) spent in this occupation coupation	
114. 6	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / Lugarithm	4
13. NAME Rummer of A Lumes	
14. BIRTHPLACE (dry or town) Page Co (State or country)	Name of operation
15. MAIDEN NAME DE RES BESS	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Methe Joan	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Markingleung (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mellie Lumer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hugenham	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place January Date Mr., 19,33	Nature of injury
19. UNDERTAKER Sugment of Lunes (Address) Truseesteer	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED 11-25-1933 Chast Homes	(Signed) M. Q. Genlin M.
Registrar.	(Address) / Teferwore M. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arteriosclerosis 1 week ago Chronic interstitial nephritis Run over by street car 1921 Peritonitis 3 days ago Cerebral hemorrhage July 5, 1927 Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 near

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

FOR BINDING

TARGIN RESERVED

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(26)
County Mash ungles	Registration Dist. No. 302
Village or City Jour enderon	OI - VIOA - VIA V. O - F
	No. 3/2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredwrsmos	
2. FULL NAME annual chier I	Pay & buncleshie
(a) Residence: No. 312 Nest Jule 12	04 6 111-1
(Usual place of abode)	St., 9 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH
OR DIVORCED (write the word)	hr // 193 3
5a. If married, widowed, or divorced	(Month) (Day) (Yaer)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That f ettended deceased from
(4), 412.4	Mr 10 1930, 10 Mr (1 1933
6. DATE OF BIRTH (month, day, and year) Www. 104 1933	I last saw h_transelive on 200 11 1933; death is seid
7. AGE Yeers Months Days If LESS than	to have occurred on the data steted above, et & P m.
1 dey, 22 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trade, profession, or particular	wera es follows:
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Deta decessed lest worked et this occupation (month and	0-1-1-1-
9. Industry or business in which	conoucera
work was dona, es SILK MILL, SAW MILL, BANK, etc.	
10. Deta decessed lest worked et this occupation (month and spant in this	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Husbershorn Me	Other Contributory Causes of Importance:
(Stete or country)	
11 13. NAME Por . Q la brusche Alice	
E O O	
14. BIRTHPLACE (city or town) (Cartes force) (Stete or country)	Neme of oparetion Oate of
	What test confirmed diegnosis? Wes there en autopsy?
16. BIRTHPLACE (city or town) Church Loven	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town) Church lown	Accident, suicide, or homicide? Data of Injury, 19
(Stata or country)	Where did injury occur?
17. INFORMANT Davil & Vanderlice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hugentown my	
18. BURIAL, CREMATION, OR-REMOVAL DO 12 82	Menner of Injury
Place Place 1 10 , 1900	Nature of Injury
19. UNDERTAKER Fred WKrayss	24. Wes disease or Injury In eny way releted to occupation of deceased?
(Address) Hall Alayer	If so, specity
20 FILED 1/-/3-12336 Mart However	(Signed) Po G. Jordon M.D.
20. FILED	(Address) the fees lower mile
If more blanks are needed address Comp. D	N. Cl. J. C. B. J. B. G. C.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

lates State Registrar, 2411 IV. Charles Street, Baltimore, Requesting °U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 11502
1. PLACE OF DEATH	<u> </u>
County Mash in ston	Registration Dist. No. 302
Village or City Ducerstown	No. 120 E Ballo St. 3 Ward
(I	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME my named chiefe	I Eduard bunforsen.
(a) Residence: No. 120 2 Balls St /	7
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIBOWED,	21. DATE OF DEATH
In ale or OR DIVORCED (write the word)	m 28 1933
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended dacaased from
6. DATE OF BIRTH (month, day, and year) 7 2 8 35	I last saw h glored to said
7. AGE Yaars Months Days If LESS than	to have occurred on the date state Caboye, at
Premale Liday hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of polyston, or particular	Cpl
SAWYER, BOOKKEEPER, etc.	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>
this occupation (month and spant in this occupation occupation	
16.00 -	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
, ,	
13. NAME & In and bunformen  14. BIRTHPLACE (city or town) IT alkels ville	
4 14. BIRTHPLACE (city or town) Malkels velle	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Bluka. Morgan	23. If daath was dua to external causas (VIOL ENCE) fill In also tha following:
15. MAIDEN NAME Blula. Mugan  16. BIRTHPLACE (city or town) — Freduck	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17 INFORMANT Solucies bus tons	(Specify city or lown, county and State)
(Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Persone Date hr 38, 1933	Manner of injury
Jacob Date 7 1. 1923	Natura of injury
19. UNDERTAKER Eduage bunforsen	24. Was disease or injury in any way related to occupation of dacaased?
(Address) / fingle offeren hid	If so, specify
20 FUED /1-28- 132/18/14 Brewert	(Signad) Tre G. Torrelone M. D.
20. FILED	(Address) Ifter endown ma
	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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D.

# CEDTICICATE OF DEATH

STATE OF MARTLA	NU-CERTIFICATE OF DEATH
1. PLACE OF DEATH	11-a
County Washingston	Registration Dist. No. 30 V
Village or City Hagenstown	No. 416 E. Franklin St., 4 Wo
Length of rasidenca in city or town where death occurred /	1 6 mos. 1 8 ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL NAME Suy M. W.  (a) Residence: No. 416 E. Flank  (Usual place of abode)	St., H Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the state) 5a. If married, widowad, or divorced	
HUSBAND of  (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) Jan 11. 19	17   last saw have alive on Thor 29 - 1933; daath is
	to have occurred on the data steted above, at
8. Trade, profession, or particular	Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  11. Total time (years) this occupation (month and	Browles- Freumonier - 11/27
10. Date deceased last worked et this occupation (month and year) 11. Totel time (years spent in this occupation occupation	>
12. BIRTHPLACE (city or town) / bagers lown	Other Contributory Causes of importanca:
(State or country)	10 Julies - 11/25
I 13. NAME Luy W. Wasson	200 404720 117
13. NAME Suy W Wassov 14. BIRTHPLACE (city or town) Wilson (Stata or country)	Name of operation Date of
- Idel	What test confirmed diagnosis?
15. MAIDEN NAME Lellian Weil 16. BIRTHPLACE (city or town) 40 pm (State or country)	23. If daath was due to external causes (VIOLENCE) fill In also the following:  Accidant, suicida, or homicida?  Date of Injury
17. INFORMANT Ma Grey Wasso (Address) Augustham, Md	Whera did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De gentain ma Data Dec	193. Nature of injury.
19. UNDERTAKER Sept T. Mynnich & x (Address) Lagacistom M.C.	24. Was disease or injury in any way ralated to occupation of decaased? Ho
20. FILED / Z - / - , 1933 6 has Alborer	(Signed) State of the state of

IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state

stated EXACTLY. classified.

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mation should be carefully supplied. CAUSE OF DEATH in plain terms,

-WRITE PLAINLY,

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Exact statement of OCCUPA-

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.		n of infor-	ould state	OCCUPA-	1
B. No. 1  B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RI mation should be carefully supplied. AGE should be stated EXACTLY.  CAUSE OF DEATH in plain terms, so that it may be properly classified. ExTION is very important. See instructions on back of certificate.		ECORD. Every itel	PHYSICIANS sh	act statement of	/
B. No. 1  B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A mation should be carefully supplied. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be proper TION is very important. See instructions on back of certific	BINDING	PERMANENT R	EXACTLY.	rly classified. Ex	ate.
B. No. 1  B.—WRITE PLAINLY, WITH UNFADING INK—THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of	FOR	IS A	stated	proper	certific
	V. S. No. 1 MARGIN RESERVED	BWRITE PLAINLY, WITH UNFADING INK-THIS	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be	TION is very important. See instructions on back of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3 11505
1. PLACE OF DEATH	93-9
county / asking for	Registration Dist. No.
Village or City Haceoclo	Now Dugers Office The working
. / /	death occurred in a hospital or institution, give its NAME instead of street and number in the s
Length of rosidence in sity or town where death occurred	ds How long in U.S. if of foreign birth?
2. FULL NAME COUSA Crymu	a Veraculia.
(a) Residence: No. 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar 2 193 3
5a. It married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of avid A. Herdebaugh	22. HEREBY CERTIFY, That I ettended deceased from 1933, to V 1933
6. DATE OF BIRTH (month, dey, end year) tuly 16 1874	I last saw her elive on Nov 2 , 19 33; death Is said
7. AGE Years Month's Deys If LESS than	to have occurred on the dete steted above, et 8-3 o 17 m.
59 3 16 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Z 8. Trade, profession, or perticular	Date of onset
kind of work done, es SPINNER Jousewool 6	Cardiae requiritation
9. Industry or business in which work was done, as SILK MILL, Jourselvon Co	0
	4
O 10. Dele deceesed lest worked el this occupation (ponth end year)	Iras dy my when brought to
Wash & mad	Other Coatribatory Caases of importance:
12. BIRTHPLACE (city or town)	C 0 0
13. NAME AMPLA NOWERS.	- Cong
E	Name of according
X. BIRTHPLACE (city or town) (Stale or country)	Name of operation Date of
	Whel lest confirmed diagnosis? Wes there en autopsy?
# 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city er lown)  (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ASSESSION AND ALLEGE THE	Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece William Value Dale VVI C , 1900	Nature of Injury
19. UNDERTAKER Source CIG And	24. Was disease or injury in any way related to accupation of deceased?
20. FILED_11/4 , 1933 Defention	(Signed) fleeoob stegers M.D.
Registrar.	(Address) . A. T. Carle Street, Baltimore, Requesting U. S. No. 1.
A, more viana, are needed, address State Registrar,	2411 IV. Chaires Street, Datimore, Requesting U. S. 140. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 4	8. 1		
- 178k.AV			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County ashington	Registration Dist. No. 3 03
Village or City Pickles	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Sillboth m	fant Keles
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERUFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	wv. 9 193 3
5a If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  Stillborn	22. I HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, dey, and year) for, 7 1933	last saw h alive on IQ death is said
7. AGE Years Months Oays If LESS then	I last saw h; death is said to have occurred on the date stated above, atm,
Stillhorn 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of Importance were as follows:
1 Trade profession or particular	Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  It. Total time (years)	. /+. / 2 /
Industry or business in which work was done as SH K MIII	Hillborn
work was done, as SILK MILL, SAW MILL, BANK, etc	
spant in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) maryland	
13. NAME Lives Priston Wiles  14. BIRTHPLACE (city or town) Winisport	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anna Pauline Rubeck	23. If death was due to externel causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city of town) Clear Spines	Accident, sulcide, or homicide? Date of Injury 19
(State or country) Md. 16#2	Where did Injury occur?
17. INFORMANT Lewis P. Miles	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) (Lear Uping M. R.)  18. BURIAL, CREMATION, OR REMOVAL	
Place place bellespate Nov 9, 1933	Mannar of Injury
P D T	Nature of Injury
19. UNOERTAKER LIVE MESHAN WILLS FAT	If so, specify
20. FILENON 9 193B Q pl. Mignay	(Signed) 100 M.D.
Registra.	(Address) W - provide, Mit
in more viants are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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S. No. 1

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Ward

MEDICAL	CERTIFICAT	E OF DEATH	l
21. DATE OF DEATH	(Month)	12 (Day)	, 193.3
22. OHEREB	., 193.3., to,	EY. That I attend	2 , 193
to have occurred on the data sta			; death is sai
The PRINCIPAL CAUSE OF DEA			
were as follows:			Date of onse
Urriage due to fu		7	<u> </u>
Dther Contributory Causes of Im	portanca:	suto	
Name of operation Capa	de fa	estedite	
What test confirmed diagnosis?			n eutopsy2/1
23. If death was due to axternal c			
Accident, suicide, or homicide?			
Where did injury occur?			, 10
Specify whether injury occurred	(Specify city in INDUSTRY, In I	or town, county and S HDME, or in PUBLIC	State) PLACE.
Menner of injury			
Nature of injury			
24. Was disaase or injury in any	way related to oce	apation of deceesad?.	
If so, specify (Signed)	Unfa	man	/M.
(Address)	esisos	our. m.	1

Registration Dist. No.

Regist

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BUREAU V.E.			
Other contributory causes of importance:		Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ds. How long In U.S. if of foreign birth? vrs. mos. ds. RECORD. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 5a, If married, widowed, or divorced HUSBAND of ERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the data stated above, at 2 I day ....hrs. 6 0 or. .... min. 8. Trade, profession, or particular PATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc .... Mork was done, as SILK MILL, HOLD may back pluods occur 11. Total time (years) 10. Data daceased last worked at this occupation (month and vear) spent in this that occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER 13. NAME 14. BIRTHPLACE (City or town). Name of operation \_\_ in plain (Stata or country) What test confirmed diagnosis? \_\_\_\_\_ Was there an au'opsy?\_\_\_ carefully MOTHER 15. MAIDEN NAME important 23. If death was dua to external causes (VIDL ENCE) fill in also the following: OF DEATH Accident, suicida, or homicida?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town (Stata or country Where did injury occur?\_\_ should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of Injury\_\_\_\_ LION 24. Wes diseasa or Injury In any way related to occupation of deceased? 19. UNDERTAKER If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNDAU W.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH	[3]
County Washinfton WITHIN CORPORATE LIMITO	
Village Dr City Washington Co Home (Belly	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foreign birth?
2. FULL NAME Delia Wooden	
(a) Residence: No. Williamsport Md (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX female. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 14,1933
negro   married	(Month) (Day) (Year)
HUSBAND of (or) WIFE of not known	22. I HEREBY CERTIFY, That I attended deceased from 1933 to 2001 14 1933
6. DATE OF BIRTH (month, day, and year)	I last saw h 2 alive on 1/1/2, 1933; death is said
7. AGE A bout 75 Months Days If LESS than 1 day,	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Domestic SAWYER, BDDKKEPER, etc.	mygeardiles ?
9. Industry or business in which	artenoselenosis 3
work was done, as SILK MILL, Gen Housework SAW MILL, BANK, etc.	and supplied the second
11. Total time (years) this occupation (month and ril 33 year)  12. Total time (years) spant in this life occupation 13. Total time (years)	
12. BIRTHPLACE (city or town) North Carolina-	Other Contributory Causes of importance:
(outs of country)	
13. NAME Not Known 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Not Known	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Not Known  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19,
1 (State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Edward Reichter (Address) Williamsport Md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Williamsport Md Date Nov. 16 1933	Nature of injury
19, UNDERTAKER Albert Leaf	24. Was disease or injury in any way related to occupation of deceased?
(Address) Williamsport Md	If so, specify
20. FILEO //-/5- 1933 B Kast Bowers	(Signed) A. A. Porterfield M. D.
Registrar.	(Address) / S & W: Washingtonth

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

•	RECOR	PHY	xact s	
NDING	MANENT F	XACTLY.	lassified. E	
FOR BL	IS A PER	stated E	properly c	certificate.
5	HIS	be	be	jo
AKGIN KESEKVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st	TION is very important. See instructions on back of certificate.
AKGI	UNFA	supplied.	terms,	ee instru
	, WITH	refully	in plair	tant. S.
	ITE PLAINLY	n should be ca	SE OF DEATH	is very impor
4	BWR	matio	CAU	LION
	Z	1	7	- 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(97)
County Pasheres on	Registration Dist. No. 38.3
Village or City lear Thring / Plan	no Moalley ) Hed St. Warr
Length of residence in city or town where death occurred.	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Muira fost	
(a) Residence: No. near clear Ofung	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Now (The 193 3) (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced tweether of Court Most Most Most	22. I HEREBY CERTIFY Thet I attended deceesed from
0/4	19 , to 100 , 19.3 C
6. DATE OF BIRTH (month, dey, and year) Second 9 1849 7. AGE Yeers Months Days If LESS than	i last sew h 27 alive on 1005/5, 1939; death is said
8 H 10 7 1 dey,hrs.	to heve occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER Jause Lee par SAWYER, BOOKKEEPER, etc.	arterio Ochemno
SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete decessed lest worked at this coverable of work as done, as SILK MILL, as formed by the second state of the	
10. Dete deceesed lest worked at this occupetion (month and Novigo spent in this light occupetion)	
12. BIRTHPLACE (city or town) Selicions (Stete or country)	Other Contributory Causes of importence:
13. NAME Cluros Fishburn	
13. NAME Cluros Hishburn  14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Mary boomsan	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Goomman  16. BIRTHPLACE (city or town)  (Stete or country)	Accident, suicide, or homicide? Date of injury, 19,
17. INFORMANT Dicie Bush (Address) Mona Bay	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Dowls Dete Dow 191933	Menner of injury
19. UNDERTAKER albert float	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED MW L. S., 19.3.3. Q. M. Muncy Registrary	(Signed) M. Rich M. D.  (Address) Clean Oliving Med
If more blanks are needed, address Stone Replacer.	A CONTRACTOR OF THE CONTRACTOR

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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